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TITLE: Communication, Cultural Models of Breast Cancer Beliefs
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Haitian Immigrant Women in Eastern MA.

PRINCIPAL INVESTIGATOR: Michele M.A. David

CONTRACTING ORGANIZATION: Boston Medical Center
Boston, Massachusetts 02118

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4.0 INTRODUCTION

4.1 Background

Over the past decade, factors of importance in the utilization of cancer prevention and screening have been examined through a number of quantitative and qualitative survey investigations. Many of these studies have examined such variables as socioeconomic status, health insurance, race, educational and literacy levels, availability of primary service providers, and access to reliable sites of care. Among the most far-reaching factors in utilizing available services, however, are models of health and illness that are culturally encoded. Cultural belief systems, which may play a decisive role in health seeking behaviors, have been examined in a number of qualitative studies. Despite the usefulness of these studies in identifying important variables, qualitative studies cannot be used to determine the magnitude of the effect of specific cultural factors on health seeking behavior.

For Haitian immigrants in the United States, data that assess the impact of cultural factors concerning health and illness would be of great assistance in the tailoring of cancer education and outreach. Haitians in the US represent a sizable and growing population, upwards of 500,000 documented and 1.2 million undocumented immigrants, according to recent estimates, although reliable data on the number of Haitians living in the US is not now available from such conventional sources as census reports. The dearth of this and other data on Haitians exists for a number of reasons. Difficulties have been reported when surveys of Haitians in the United States are attempted, owing to factors associated with language, mobility, poverty, and a reluctance to participate due to prior misrepresentation (stigmatization during the early years of the HIV pandemic), immigration history, and recent immigration policies. Moreover, Haitians are often categorized in studies as African-Americans. This categorization not only impacts the scarcity of data on Haitians, but lead to a non-accurate report on African Americans (56).

Anthropological works have analyzed models of Haitian health beliefs, and have provided a schema of disease categories (19,23,33,34,35). This schema includes: diseases sent by the "Good Lord;" supernatural illnesses sent by an enemy or deities; illnesses caused by exposure to a "powder" malevolently applied by a Vodou priest; and illnesses that can be treated with the help of an herbalist. Traditional means for healing or intervention include home remedies and recourse to: a faith healer; a Vodou priest (Houngan, Mambo, or "boko"); a masseur, masseuse, midwife, etc.; or an allopathic health professional, such as a herbalist or doctor, respectively. We propose to measure, in a quantitative manner, factors associated with Haitian cultural models of health and illness. These measurements will further allow us to determine the impact of these models upon breast cancer screening, as well as their likelihood on seeking follow-up evaluation in the event of an abnormal finding.

The clinical experience of Haitian women observed by a number of Haitian and non-Haitian providers at the Boston Medical Center in Boston, MA indicates that Haitian women present late for evaluation of breast abnormalities and/or delay further evaluation and care, even where mammography has been received. This implies that these women are not yet receiving the message of the role of screening mammography in early detection, treatment, and survival of breast cancer. Case series at Boston Medical Center

revealed that 20/200 (10%) breast cancer cases were Haitian women. In addition, Haitian women tend to present at a more advanced stage and have increased morbidity and mortality. In the proposed study, four factors identified in our pilot study are being investigated at greater depth. We seek to determine more specific information on the relationship between cultural models of illness and health decision making in the context of screening mammography and Pap smear, as well as on likely responses in the event of abnormal findings, and cancer treatment. First, the Haitian women we interviewed were by a clear margin the most frequent users of home remedies for illness: 66% of the Haitian women reported the use of home remedies, vs. 43% Latina, 29% English-speaking Caribbean, 23% African-American, and 19% of the white women. Second, Haitian women, closely followed by other women from ethnic minority groups, were twice as likely as white women to interpret a diagnosis of cancer as a death sentence (Haitian 51%; Latino, 50%; English-speaking Caribbean, 48%; African-American, 45%; and white, 24%). Thirdly, our data further indicated that half of all women surveyed said they did not want another mammogram, casting into doubt their understanding of its usefulness in detecting and effectively treating cancer. Fourth, as discussed earlier, our qualitative data indicated that Haitian women far more often than other ethnicities did not know what cancer was, nor the purpose of mammography

4.2 Previous Studies

In 1997, we designed and implemented a pilot study to measure breast cancer screening utilization among Haitian immigrant women compared to women of other ethnic groups living in the same neighborhood. These women were over the age of 40 who lived in Boston communities known to have large numbers of Haitian immigrants. In this study, we interviewed 334 women, including 141 Haitians, 55 African American, 22 English-speaking Caribbean, 22 Latina, 63 White, and 31 other women. Our results indicated similar breast cancer screening rates according to ethnic groups except in white women: 82% (95% CI 76%-89%) of Haitian women reported ever having screened for mammogram vs. 76% (65%-88%) African-American, 77% (60%-95%) English-speaking Caribbean, 86% (72%-100%) Latina, 97% (92%-100%) of the White women. Factors such as socioeconomic status (8,9) and respondent's high degree of fatalism contributed to discrepant utilization rate (13). Although many Haitian women we surveyed had received at least one screening mammogram (82%) their qualitative responses indicated that these women did not understand what cancer was, nor the purpose of their mammogram and Pap smear compared to their neighborhood counterparts.

Our pilot survey data demonstrated marked differences in mammography screening in all minority populations compared with Caucasian women. African American women actually had lower mammography rates (although not statistically significant in the smaller pilot sample) than Haitian American women. Our initial survey determined utilization rate of mammography; however, the survey instrument did not include methodology permitting an extensive examination of cultural beliefs among Haitians. Therefore, the proposed methodology will help us identify the belief patterns associated with Haitians that influence screening behavior.

4.3 Experimental Design

We employed an in-person, cross-sectional survey of 250 Haitian women, 40 years of age and older, who reside in or near Haitian neighborhoods in Boston, Cambridge, Somerville, and Brockton, cities which are known to have neighborhoods with high concentrations of Haitian families. We used in-person interviews in the respondent's preferred language (English or Haitian Creole).

Our sampling method for the proposed survey reflected the considerable experience gained during our previous effort. Initial survey canvas street maps were compiled by combining information obtained through interviews with Haitian Consul and representatives from community-based organizations, businesses, and churches. We used City of Boston Assessing Department's Property Parcel Data for fiscal year 2000 (see 5.5) to obtain listing of housing units from the provided street names. Units identified as Haitian residence were visited to ask their residents for further street names where other Haitian families are likely to reside. Informants were asked to indicate if they knew of any other blocks that should be added to the prospect list ("snowball sampling"). Blocks that were estimated by two or more credible informants to contain at least 20% Haitian households, or at least 10 Haitian households, were included in the survey universe. We defined 50 units as a block and it excluded businesses and other no housing units. In each block, all housing units were enumerated and 12 of the 50 units were randomly selected.

Interviewers visited the first twelve units listed, and return at least four times if no answer was obtained or the person answering requested a return at a later time. Units were screened in if they include a woman 40 years of age or older. If more than one potentially eligible subject lived in a single residence, the woman with the most recent birth date was selected as the respondent. Units without an eligible subject were replaced by moving down the list until 12 subjects are chosen from each block (or the block exhausted). If an eligible respondent is said to live in the household, but is unavailable at the first visit, the interviewer arranged to return and secure the interview, if possible. These arrangements represented an important component of our methodology for reaching the target population.

An innovative questionnaire which includes items for measuring factors associated with cultural health beliefs has been developed for a standard cross-sectional survey, based on experience gained in the pilot study (see 6.2). Substantial efforts were expended in the development of the instrument in order to interview Haitian women in a competent and sensitive manner. Factors for measurement included health care practices, attitudes about breast cervical cancer, the efficacy of allopathic medicine in its treatment, cultural identity, and language preference. The survey instrument used items from the pilot study, from a study conducted among Hispanic women by the Latino Health Institute, and from the National Health Interview Survey 1992 epidemiological and cancer control supplements, thus permitting comparison with national norms. Items measuring background items on ethnicity, SES and demographics; language preference scales; medical utilization; certain health belief items; and the dependent variables of screening mammography and Pap smear utilization derived from the Cancer Control Needs in Multi-Ethnic Communities study, conducted in New York City in 1993. Some acculturation items have been suitably modified from scales developed for use with the Hispanic populations (30,36,38). Their construct validity for use with Haitian women underwent

evaluation as a secondary objective in the proposed work with appropriate criterion variables.

Furthermore, we had applied and obtained additional funding from the Center for Disease Control and Prevention, Racial and Ethnic Approaches to Community Health 2010 to survey 250 non-Haitian women (Caribbean, African American, Caucasian, and Hispanic) to compare the results of Haitian women with women from other ethnic groups living in the same neighborhood.

4.4 Objectives

- I. To perform a cross-sectional survey of Haitian women in Eastern Massachusetts and comparison subjects living in the same neighborhoods, and to compare breast and cervical cancer screening rates, including rates of repeated mammography and Pap smear, as reported by Haitian and other immigrant women, and US born women of varying ethnicity.
- II. To measure contributions of (1) fatalism and (2) knowledge about cancer, its prevention and treatment to attitudes of Haitian women and comparison subjects towards screening mammography & repeat mammograms as well as Pap smear.
- III. To develop a culturally competent and sensitive methodology with which to measure adherence to allopathic and non-allopathic models of health and illness among Haitian vs. non-Haitian women, specially including beliefs about cancer, and particularly including the impact of this adherence upon the likelihood that respondents will comply with, seek, or avoid breast and cervical cancer screening, follow-up, and treatment services.
- IV. To evaluate the knowledge of Haitian vs. non-Haitian women about cancer prevention, screening, and treatment after hearing typical clinical explanations of cancer prevention, screening, and treatment.
- V. To measure, in Haitian and non-Haitian women who have experienced abnormal Pap smear and mammogram results or breast lumps, the length of time between detection, follow-up evaluations(s), and treatment, if any.

5.0 BODY

5.1 Hiring Project Coordinator

A project coordinator has been hired to assist with the project. A potential candidate was required to have a Masters in Public Health or Social Work, with experience in epidemiological research. The curriculum of vitae were recovered from a number of applicants and we interviewed several candidates. In November, Linda Ko was interviewed for the position, and in the end of December 1999, she came on board with the project.

Ms. Ko completed her Master of Science degree from the University of Texas and a Master in Public Health degree from Boston University School of Public Health with a concentration in Epidemiology and Biostatistics. She has previous epidemiology and basic science research experience. Before joining the project, she worked in a study that observes the effect of Tamoxifen in older women with Breast Cancer at Boston Medical Center.

5.2 Survey Instrument Development

An interviewer-administered instrument was developed for the previous study (see 4.2). The structured interviewer-administered instrument asked primarily about the subject's mammography utilization and did not include methodology permitting an extensive examination of cultural beliefs, including reliance upon complex, traditional Haitian beliefs systems of health and illness that may affect health care access.

Revisions were completed on the interviewer-administered instrument on June 15, 2000 after the field testing (see 5.3). Investigators meetings were held with the co-investigators; Drs. Karen Freund and Nicole Prudent to discuss survey modification. The revisions to the instrument dealt with issues raised both the unique study objectives of the current study, as well as building upon the findings of the previous study. Questionnaire were translated by Jean Robert Boisrond and back-translated by Ketley Foureau, both consultants. Field testing of the questionnaire was completed on 20 subjects (see 5.3) and proper changes were made after the testing.

- 1) Adherence to allopathic and nonallopathic medicine. The Haitian women interviewed in the previous study were by a clear margin the most frequent users of home remedies for illness. Therefore, we included questions to measure the adherence to allopathic and nonallopathic models of health and illness among Haitian women and to identify any association between adherence to non-allopathic beliefs about health and illness with: respondent fatalism; knowledge and attitudes about cancer, its prevention and treatment; and the likelihood that respondent will comply with, seek, or avoid breast cancer screening, follow-up, and/or treatment services.
- 2) Evaluation of abnormal mammograms. The completed study asked one question about abnormal diagnosis. We wanted to investigate in dept if women who are

diagnosed with abnormal mammogram seek further test and/or proper care after their diagnosis. Therefore, we included additional questions on the length of time between detection, follow-up evaluation (s), and treatment to decipher the point of delay in the evaluation of abnormal results.

- 3) Knowledge on cancer. Our completed study indicated that Haitian women were twice more likely than white women to interpret a diagnosis of cancer as a death sentence. Therefore, additional questions were included in order to study if those beliefs affect their attitudes and practices towards screening mammography and repeat mammography
- 4) Cultural Factors and beliefs. Measurable items concerning cultural factors, that may delay or inhibit the seeking of cancer screening and treatment services were also carefully evaluated through field testing before incorporation into the final survey instrument.

5.3 Field Testing

The questionnaire was piloted in its complete form with 20 subjects of diverse backgrounds and ethnicity to assess the comprehensibility and acceptability of the new questions and the questionnaires in their entirety. The subjects were enrolled in the ambulatory primary care unit at Boston Medical Center from May 15, 2000 to June 13, 2000. Subject difficulties in comprehension of the intent of questions were particularly examined. Revisions were made based on the comments of the pilot subjects on an ongoing basis during the pilot phase, so that revisions of poorly worded questions could then be edited. The final version of the questionnaire was completed on June 15, 2000. Appendix 1 contain the final instrument.

5.4 Institutional Review Board.

The final version of the questionnaire and consent form were submitted to the institutional review board in Boston Medical Center, and approved before the data collection (April 2000). Institutional Review Board renewal approval application was submitted a year later and granted on March 2001 (see Appendix 3).

5.5 Recruitment of Study Participants and Strategy

Activities concerned with locating potential participants for the study were performed. A list of street names with a large density of Haitian residents were compiled for Dorchester, Mattapan, Roxbury, Hyde Park, Cambridge, Somerville, and Brockton. To this end, we contacted the Haitian consulate, local Haitian organizations such as Haitian Multi Service Center, the Haitian American Public Health Initiatives, and local priests whose works include outreach ministries into the Haitian community.

Our previous investigation revealed that the City of Boston Assessing Department's Property Parcel Data resulted very useful in identifying potentially eligible neighborhoods. Therefore, we purchased the CD-ROM of the Property Parcel Data of the designated project cities as well: Somerville, Cambridge, Brockton and Boston. The CD-ROM contains information of the address, current tenant's name, property owner's name, and property value. This provided us with the addresses and names to select from the previously compiled street names.

The Principal Investigator and the project coordinator compiled a comprehensive directory of blocks in the designated project areas. Blocks estimated to contain at least 10 Haitian households were selected. In each block, all housing units were enumerated and fifty housing units were considered "a block." A biostatistitian was consulted to randomly select twelve units from each block.

5.6 Hiring and Training of Interviewer

A full time interviewer has been recruited to perform the in-person interviews. Ms. Islande Donnat, the interviewer, holds a B.S. degree from University of Massachusetts at Boston. The interviewer has extensive interviewing experience. Ms. Donnat received training both on and off the field. Appendix 2 gives the schedule of the twelve hours of training seminar implemented in two days. The seminar covered two major areas: 1) general interviewing techniques and standardized probes and 2) background on the project and specifics as they relate to the questionnaire. The interviewer observed one interview before performing one on her own. The interviewer administered one interview off field before the field interview. The interviewer completed her first interview on the field under direct supervision of the project coordinator on June 22, 2000 and received appropriate feed back.

We were also able to recruit two students (summer interns) as interviewers in the summer of 2000 and 2001 to speed up the interview rates. Michelle Andreoli volunteered from June 19 through August 16, 2000. Ms. Andreoli received a B.S. degree from Boston University and was a 2nd year Boston University medical student. Frantzou Balthazar volunteered from June 20 through August 30, 2001. Ms. Balthazar holds B.S. degree from University of Massachusetts at Boston and was a 2nd year master student at Boston University School of Public Health. Both Ms. Andreoli and Balthazar underwent interviewer's training seminar mentioned in the above paragraph.

The second additional funding (see section 4.3, last paragraph) allowed us to hire another full time interviewer to interview the control groups of women. On February 2001, Marjorie Montero became on board. Ms. Montero holds a B.S. degree from University of Massachusetts at Boston. Ms. Montero was trained both on and off the field before her first on-field interview.

5.7 Data Collection

As of October 30, 2001, We collected information on 241 Haitian participants (out of 250) and 345 non-Haitian participants from the four cities (Cambridge, Brockton, Somerville, and Boston) (see table 1 & 2). The overall response rate is 77%.

We encountered difficulty in finding eligible Haitian women living in the city of Cambridge and Brockton and enrolling them into the study. Therefore, although our overall interview rate is high, the response rates in Boston (86%) and Somerville (77%) are higher than from the city of Brockton (61%) and Cambridge (57%).

Table 1. Summary of enrollment and interviews of women by cities

Cities	Haitian	Non-Haitian	Total	Response rate
Boston	156 (41%)	226 (59%)	382	86%
Somerville	52 (63%)	31 (37%)	83	77%
Brockton	16 (32%)	34 (68%)	50	61%
Cambridge	17 (24%)	54 (76%)	71	57%
Total	241	345	586	

Table 2: Summary of enrollment and interviews of women by ethnicity

Ethnic group	Frequency	Percent
Haitian	241	41.1%
White	125	21.3%
African American	124	21.2%
Caribbean	51	8.7%
Latina	32	5.5%
Other	13	2.2%
Total	586	

5.7.1 Quality Control and Management

A two-hour weekly meeting was held with the interviewers to focus on problems encountered during the week. Survey consistency, safety issues, and specific questions were addressed during this meeting. The project coordinator reviewed all questionnaires and tracking forms, and discussed over any discrepancies with interviewers at this meeting. At the initial period of data collection, common inconsistency was leaving out a zero before one digit number. For instance, an interviewer will write number 5 on question 1-4 (appendix 1, page 27) instead 05. The project coordinator corrected the questionnaires and the correct methods were reinforced during the weekly meetings. About 10% of the questionnaires reviewed per month showed similar discrepancies. All discrepancies were resolved. As data collection progressed, questionnaires were more consistent.

5.7.2. Data Entry

After data entry fees were negotiated with Ethel Rollins, questionnaires were sent for data system development and testing. An expert translator translated the open-ended questions of Haitian Creole questionnaires to English prior being entered. The data entry was completed on questionnaires collected from participants living in Brockton and Cambridge. Twenty out of 83 questionnaires from Somerville residents has been entered. The data entry from Boston residents will be followed after Somerville.

5.8 Planned Activities for Twelve Months

5.8.1. Hiring of Data Analyst and Final Analysis of the Data

We have a data analyst. We identified major analytic outcome and independent variables from the questionnaires (see appendix 5) and we presented those variables with our initial analytic plan to the Clinical Epi/Health Services Research-In-Progress monthly meeting on October 23, 2001. Appendix 6 provides a copy of the power point presentation notes. The participants of the meeting consisted of 35 to 40 researchers from the general internal medicine, pediatrics, geriatrics, oncology and cardiology department. The ideas and comments generated from the analytic plan presentation and discussion were carefully considered and the analytic plan was refined and prepared for implementation so that data analysis can proceed efficiently once data collection and entry is complete.

5.8.1.a. Bivariate Analysis: Bivariate analysis of each independent variables (demographic, primary care, health care, and ethnicity) with each outcome variables on all women.

5.8.1.b. Modeling # 1: Modeling of acculturation (cultural identity scale, number of years in the US, first language, and language preference), knowledge, and beliefs (modesty, fate, and efficacy) scales with each outcome variables among Haitian women only, taking into account appropriate covariates and/or confounding factors. This model will be built in a stepwise selection. Factors

with P value < 0.10 will be entered in the model, but only factors with P value <0.05 will be selected to stay in the model.

Modeling # 2: Modeling of acculturation (cultural identity scale, number of years in the US, first language, and ethnicity), knowledge, and beliefs (modesty, faith, and efficacy) scales with each outcome variables in all women, taking into account appropriate covariates and/or confounding factors. This model will be built in a stepwise selection. Factors with P value < 0.10 will be entered in the model, but only factors with P value <0.05 will be selected to stay in the model.

5.8.2 Final Report and Initial Manuscript Development

Initial manuscript development and final report will be completed upon the completion of data analysis.

6.0 KEY RESEARCH ACCOMPLISHMENTS

Task 1: Development of Survey Instrument

- | | |
|---|-----------|
| a. Hired and trained of the Project Coordinator | Completed |
| b. Granted Institutional Review Board Approval | Completed |
| c. Developed survey instrument | Completed |
| d. Field tested of Survey Instrument | Completed |
| e. Incorporated changes indicated by field testing in Survey Instrument | Completed |
| f. Selected blocks for sample universe | Completed |

Task 2: Recruitment of Study Subjects

- | | |
|---|--------------------|
| a. Translated and back translated the questionnaire | Completed |
| b. Reviewed and formatted questionnaire for data entry | Completed |
| c. Hired and trained Interviewer | Completed |
| d. Gathered random lists of households within blocks | Completed |
| e. Recruited and interviewed subjects - Goal, 50 subjects | 50 of 50 completed |
| f. Initiated quality control for completeness and consistency of completed questionnaires | 50 of 50 completed |

Task 3: Recruitment of Study Subjects - Continued

- | | |
|--|----------------------|
| a. Recruited and interviewed subjects – Goal, 100 subjects | 100 of 100 completed |
| b. Continued quality controlled for completeness and consistency of completed questionnaires | 100 of 100 completed |
| c. Initiated data entry and quality control | 131 of 150 completed |

Task 4: Recruitment of Study Subjects - Continued

- | | |
|--|---------------------|
| a. Hired a staff programmer; data cleaning program | Completed |
| b. Continued recruitment of subjects – Goal, 100 subjects | 91 of 100 completed |
| c. Completion of data entry and cleaning | Pending |
| d. Interim Statistical analyses of data gathered from interviews | Pending |
| e. Wrote annual reports | Completed |

Task 5: Data analysis

- | | |
|--|---------|
| a. Data entry continues | Pending |
| b. Final analysis of data | Pending |
| c. Final report and initial manuscript development | Pending |

In addition, we have collected information on 345 non-Haitian women. We interviewed 125 White Caucasian, 124 African American, 51 English speaking Caribbean, 32 Latina, and 13 other groups of women that did not belong to any of the four categories.

7.0 REPORTABLE OUTCOMES

Because the data collection phase is as yet not complete, there are currently no reportable outcomes of the study.

8.0 CONCLUSIONS

We are reaching our targeted goal of collecting information on 250 participants. We have collected information of 241 Haitian women. Having received a second additional funding from another agency, we collected information on 345 non-Haitian women as well. Since the project is as yet not complete, there are currently no conclusions to be drawn about the study. We are currently in need to complete data analysis and manuscript development. Per the Department of Defense technical editor's advise, we submitted a twelve-month no-cost extension request to our local grant manager (Boston Medical Center, Research and Grand Management). We anticipate the writing of the manuscript and the completion of data analysis by November 2002.

9.0 REFERENCES

1. 1990 Census of Population and Housing, Summary Tape File 3. Massachusetts Institute for Social and Economic Research, Amherst, MA. 1996; 10 (3): 104.
2. Ackermann SP, Brackbill RM, Bewerse BA, Sanderson LM. Cancer screening behaviors among U.S. Women: Breast Cancer 1987-1989, and cervical cancer 1988-1989. MMWR 1992;41:17-25.
3. Analyse De La Situation Sanitaire Haiti 1996. Ministere De La Sante Publique Et De La Population. Organization Panamericaine De La Sante Organization Mondiale De La Sante.
4. Ansell D, Whitman S, Lipton R, Cooper R. Race, income, and survival from breast cancer at two public hospitals. Cancer. 1993;72:2974-8.
5. Baker, LH. Breast cancer demonstration project: five-year summary report. CA. 1982;33:194-225.
6. Behavioral Risk Factors Surveillance Survey, Center for Disease Control, 1993.
7. Bradburn, NM. Response Effects. In Rossi, PH, Wright, JD and Anderson, AB eds. Handbook of Survey Research. 1983; Academic Press, Inc. San Diego.
8. Breen N, Kessler L. Changes in the use of screening mammography:evidence from the 1987 and 1990 National Health Interview Surveys. Am J Public Health. 1994;84:62-67.
9. Breen N, Kessler L. Trends in cancer screening-United States, 1987 and 1992. MMWR 1995;45:57-61.
10. Burns RB, Freund KM, Ash A, Schwartz M, Antab L, Hall R. Who gets repeat screening mammography: the role of the physician. J Gen Int Med 1995.
11. Burns RB, McCarthy EP, Freund KM, Marwill SL, Shwartz M, Ash Am Moskowitz MA. Variability in mammography use among older women.
12. Burns RB, Freund KM, Moskowitz, MA, Kasten L, Feldman H, McKinlay JB. Physician Characteristic: Do they influence the evaluation and treatment of breast cancer in older women? Clinical Studies 1997:263.
13. Caplan LS, Wells, BC, Haynes S: Breast cancer screening among older racial/ethnic minorities and whites: barriers to early detection. Journal of Gerontology 1992;47:101-110.
14. Chevarley F, White E. Recent trends in breast cancer mortality among white and black US women. Am J Public Health 1997;87

15. Coreil J. Parallel structures in professional and folk health care: A model applied to rural Haiti. *Medicine & Psychiatry* 1983;7:31-151.
16. Coreil J, Marshall P. Locus of control: A cross-cultural study. *Human Organization*. 1982; 41: 133-138.
17. Dawson DA, Thompson G. Breast cancer risk factors and screening: United States, 1987. U.S. Dept. of Health and Human Services, DHHS Pub. No. (PHS)90-150.
18. Dawson DA. Breast cancer risk factors and screening: United States, 1987. *Vital Health Statistics* 1989;10:18-29.
19. DelBau JC. Societe, culture et medicine populaire traditionnelle. Etude sur le terrain d'un cas: Haiti. Port-au-Prince, Imprimerie H. deschamps, 1990, pp495.
20. Dodd G. American cancer society guidelines on screening for breast cancer: an overview. *Cancer* 1992; 69 (suppl): 1885-1887.
21. Dow T. Primitive medicine in Haiti. *Bulletin of the History of Medicine* 1965;39:34-52.
22. Farmer, P. Sending sickness: Sorcery, politics, and changing concepts of AIDS in rural Haiti. *Medical Anthropology Quartely* 1990a:4:6-27.
23. Fishman BM, Bobo L, Kosub K, Womeodu RJ. Cultural issues in serving minority populations: emphasis on Mexican Americans and African Americans. *American Journal of the Medical Sciences* 1993;306:160-6.
24. Fletcher SW, Black W, Harris R, Rmer BK, Shapiro S. Report on the International Workshop on Screening for Breast Cancer. *J Natl Cancer Inst* 1993;85:1644-1656.
25. Frankl G. The use of screening mammography. *Cancer* 1987;60:1979-1983.
26. Freeman Hp, Wasfie TJ. Cancer of the Breast in Poor Black Women. *Cancer* 1989;63:2562-9.
27. Fruchter RG, Nayeri K, Remy JC, Wright C, Feldman JG, Boyce JG, Burnett WS. Cervix and Breast Cancer incidence in Immigrant Caribbean Women. *Am J Public Health*. 1990;80:722-4.
28. Fruchter RG, Wright C, Habenstreit B, Remy JC, Boyce JG, Imperato PJ. Screening for cervical and Breast cancer among Caribbean immigrants. *J Community Health*. 1985;10:121-135.
29. Furino A. Health Policy and the Hispanic. 1992. Westview Press, Boulder, CO.
30. Hazuda HP, Stern MP, Haffner SM. Acculturation and assimilation among Mexican-Americans: scales and population-based data. *Soc Scie Quartely*. 1988;69:687-706.

31. Kattlove H, Liberti A, Keeper E, Brook RH. Benefits and cost of screening and treatment for early breast cancer: Development of a basic benefits package. *JAMA* 1995; 142-148.
32. Kleinman A, Eisenberg I, Good B. Culture, illness, and care: Clinical lessons from anthropologic and cross-cultural research. *Ann Intern Med* 1978;88:251-8.
33. Laguerre MS. *Haitian American Ethnicity and Medical Care* edited by Harwood A. Harvard University Press, Cambridge, MA 1981.
34. Laguerre M. *American odyssey: Haitians in New York City*. Ithaca: Cornell University. 1984.
35. Laguerre M. *Afro-Caribbean folk medicine*. South Hadley, MA: Bergin & Garvey.
36. Lopez-Aqueres W, Kemp B, Staples F, Brummel-Smith K. Use of health care services by older Hispanics. *J Am Geriatr Soc*. 1984;32:435-440.
37. Mammography and clinical breast examination among women ages 50 years and older behavioral risk factors surveillance system. 1992. *MMWR* 1993;42:737-741.
38. Markides KS, Levin JS, Ray LA. Determinants of physician utilization among Mexican Americans: A three generation study. *Med Care* 1985;23:236-246.
39. Marks G, Garcia M, Solis J. Health risk behaviors of Hispanics in the United States: Findings from H-HANES. *Am J Public Health*. 1990;80:20-26.
40. Marks G, Solis J, Richardson JI, Collins LM, Birba L, Hisserich J. Health behavior of elderly Hispanic women: does cultural assimilation make a difference? *Am J Public Health*. 1987;77:1315-1319.
41. Marwill SL, Freund KM, Barry P. Patient factors associated with breast cancer screening among older women. *J Am Geri Soc* 1996;44:1210-1214.
42. Mastroberti M, Stein JE. Barriers to Timely Mammography. *HMO Practice* 1996;10:104.
43. McCarthy EP, Burns RB, Coughin SS, Freund KK, Tice J, Marwill SL, Ash A, Schwartz M, Moskowitz MA. Mammography use helps to explain differences in breast cancer stage at diagnosis between older black and white women. *Am College of Physicians*. 1998
44. McCarthy EP, Burns RB, Freund KF, Shwartz M, Ash A, Marwill SL, Moskowitz MA. Prior mammography use: Does it explain black-white differences in stage at diagnosis. *J Gen Intern Med*. 1996;11

45. McPherson CP, Swenson KK, Jolitz G, Murray CL. Survival of women ages 40-49 years with breast carcinoma according to method of detection. *Cancer*. 1997;79:1923-1932.
46. Metraux, A. Voodoo in Haiti, London: Andre Deutsch 1959.
47. NCI and NIH consensus panel issue recommendations on mammography for women ages 40-49. *American Family Physician*. 1997;55:2536-9.
48. O'Malley AS, Mandelblatt J, Gold K, Cagney K, Kerner J. Continuity of Care and the Use of Breast Cervical Cancer Screening Services in a Multiethnic Community. *Arch Intern Med*. 1997;157:1462-1470.
49. O'Malley MS, Earp JAL, Harris RP. Race and mammography use in two North Carolina counties. *Am J Public Health*. 1997;87
50. Reeves MJ, Newcomb PA, Remington PL, Marcus PM. Determinants of breast cancer detection among Wisconsin (United States) women. *Cancer Causes & Control*. 1995;6:103-11.
51. Sabatier C, Tourigny M. Ecologie sociale de la famille immigrante haitienne. *PRISWE*. 1990;1.
52. Shapiro S, Strax P, Venet L. Periodic breast cancer screening: The first two years of screening. *Arch Environ Health* 1967;15:547-533.
53. Smiegel K. NCI's proposed breast cancer screening guidelines. *J Natl Cancer Inst* 1993;85:1626-1627.
54. Solin L, Legereta A, Schultz DH, Zata S, Goodman R. The importance of mammography screening relative to the treatment of women with carcinoma of the breast. *Arch Intern Med* 1994;154:745-756.
55. Solis JM, Marks G, Garcia M, Shelton D. Acculturation, access to care, and use of preventive services by Hispanics: findings from H-HANES. *Am J Public Health* 1990;80:11-19.
56. Stepick A, Sutton Stepick C. People in the Shadows: Survey Research among Haitians in Miami. *Human Organization* 49;64-77.
57. Suarez L. PAP Smear and mammogram screening in Mexican American women: The effects of acculturation. *Am J Public Health*. 1994;84:742-746.
58. Taber L, faberberg CJG, Gad A, et al. Reduction in mortality from breast cancer after mass screening with mammography: Randomized trial from the breast cancer screening working groups of the Swedish National Board of Health and Welfare. *Lancet*. 1985;i:829-832.

59. U.S. Public Health Service. Healthy People 2000. National Health Promotion and Disease Prevention objectives. 1991: Washington, DC: U.S. Governmental Printing Office.
60. Use of Mammography-United States, 1990. MMWR 1990;39:621-630.
61. Ventura S. Demographic and health characteristics of Puerto Rican mothers and their babies, 1990. In Lamberty G and Garcia Coll, C (eds.) Puerto Rican Women and Children: Issues in Health, Growth and development. 1994:Plenum Press. New York.
62. Woolf SH, Kamerow DB, Lawrence RS, Medalie JH, Estes EH. The periodic health examination of older adults: The recommendation of the U.S. Preventive Services Health Task Force. J Am Geriatr. Soc 1990;38:933-942.
63. Zapka JG, Atoddard Am, Costanza ME, Greene IL. Breast cancer screening by mammography: utilization and associated factors. Am J of Public Health 1989;79:1499-1502.

10.0 APPENDICES

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- 6) Twelve Month no-cost extension request

APPENDIX 1

PROPERTY OF HAITIAN HEALTH INSTITUTE

Subject ID#: _____

Block ID: _____

Address: _____

Interviewer: _____

Interview Date: _____ Time: _____

Haitian Breast Cancer Beliefs Study

Questionnaire

Year I

DISCLOSURE STATEMENT/CONSENT FORM

Hello, my name is [_____]. I am with the Boston Medical Center/Haitian Health Institute. We're talking with women in your neighborhood about their health care and some of their ideas and feelings about health issues, including breast cancer. We are doing this study to find information that will help us improve health care for women. We are talking with you, for as a woman, we know you are the best source of information on this topic.

The interview will take about 40 minutes. For participating, we will give you {\$10.00} to make up for your time and effort. Your participation is completely voluntary, and you do not have to answer any questions that you don't want to. Everything about you, for example, your name, address, and everything you will say will remain completely confidential, between you and me. Your answers will be put together with the answers of hundreds of other women, and nobody but me will ever know who gave the particular answers that you will give. Please feel free to talk freely, and ask me to repeat any questions you do not understand. You can feel free to ask me any questions, and I will write them down so that after the interview is finished I can answer them.

Is it okay if I continue with the interview now?

PLEASE CHECK:

☐ **Yes**

☐ **No**

I am going to ask you a series of questions. For most of these questions, you will be given a choice of answers. Please choose the answer you agree with the most for every question. Thank you. Let's begin!

SECTION I: ETHNIC BACKGROUND

Now I need to ask you a few questions about yourself

Q 1-1 In what country were you born?

Caribbean

- Bahamas ☐ 01
- Barbados ☐ 02
- Bermuda ☐ 03
- Cuba ☐ 04
- Dominican Republic ☐ 05
- Grenada ☐ 06
- Guadeloupe ☐ 07
- Haiti ☐ 08
- Jamaica ☐ 09
- Martinique ☐ 10
- Monserat ☐ 11
- Puerto Rico ☐ 12
- Trinidad ☐ 13
- U.S. Virgin Islands ☐ 14

Africa

- Africa ☐ 15
- Cape Verde ☐ 16
- Ghana ☐ 17
- Ivory Coast ☐ 18
- Nigeria ☐ 19
- Senegal ☐ 20

North America

- United States ☐ 21 **[GO TO 1-7]**
- Mexico ☐ 22

South America

- Brazil ☐ 23
- Colombia ☐ 24
- Costa Rica ☐ 25
- El Salvador ☐ 26
- Guatemala ☐ 27
- Honduras ☐ 28

Europe

- England ☐ 29
- France ☐ 30
- Ireland ☐ 31
- Other ☐ 32

Specify _____

DON'T KNOW ☐ 98

REFUSED ☐ 99

Q 1-2 In what country did you live most of the years while you were growing up (childhood)?

Caribbean

- Bahamas ☐ 01
- Barbados ☐ 02
- Bermuda ☐ 03
- Cuba ☐ 04
- Dominican Republic ☐ 05
- Grenada ☐ 06
- Guadeloupe ☐ 07
- Haiti ☐ 08
- Jamaica ☐ 09
- Martinique ☐ 10
- Monserat ☐ 11
- Puerto Rico ☐ 12
- Trinidad ☐ 13
- U.S. Virgin Islands ☐ 14

Africa

- Africa ☐ 15
- Cape Verde ☐ 16
- Ghana ☐ 17
- Ivory Coast ☐ 18
- Nigeria ☐ 19
- Senegal ☐ 20

North America

- United States ☐ 21
- Mexico ☐ 22

South America

- Brazil ☐ 23
- Colombia ☐ 24
- Costa Rica ☐ 25
- El Salvador ☐ 26
- Guatemala ☐ 27
- Honduras ☐ 28

Europe

- England ☐ 29
- France ☐ 30
- Ireland ☐ 31
- Other ☐ 32

Specify _____

DON'T KNOW ☐ 98

REFUSED ☐ 99

Q 1-3 In what year did you first come to the U.S. (other than Puerto Rico) to live?

19 ____ **[GO TO Q 1-5]**

DON'T KNOW ☐ 98

REFUSED ☐ 99

Q 1-4 What is your best estimate of how many years you have lived in the Continental U.S.?

of Years ____

DON'T KNOW ☐ 98

REFUSED ☐ 99

Q 1-5 Since you first came to the United States to live, have you ever returned to your original country to live for any period of time?

Yes ☐ 01

No ☐ 02 → **[GO TO 1-7]**

DON'T KNOW ☐ 98

REFUSED ☐ 99

Q 1-6 What is your best estimate of the total number of years you have spent living in the United States since you first came here to live, not counting time you have spent living in your original country?

of Years: ____

DON'T KNOW ☐ 98

REFUSED ☐ 99

Q 1-7 In what country was your mother born?

Caribbean

Bahamas ☐ 01

Barbados ☐ 02

Bermuda ☐ 03

Cuba ☐ 04

Dominican Republic ☐ 05

Grenada ☐ 06

Guadeloupe ☐ 07

Haiti ☐ 08

Jamaica ☐ 09

Martinique ☐ 10

Monserat ☐ 11

Puerto Rico ☐ 12

Trinidad ☐ 13

U.S. Virgin Islands ☐ 14

Africa

Africa ☐ 15

Cape Verde ☐ 16

Ghana ☐ 17

Ivory Coast ☐ 18

Nigeria ☐ 19

Senegal ☐ 20

North America

United States ☐ 21

Mexico ☐ 22

South America

Brazil ☐ 23

Colombia ☐ 24

Costa Rica ☐ 25

El Salvador ☐ 26

Guatemala ☐ 27

Honduras ☐ 28

Europe

England ☐ 29

France ☐ 30

Ireland ☐ 31

Other ☐ 32

Specify _____

DON'T KNOW ☐ 98

REFUSED ☐ 99

Q 1-8 In what country was your father born?

Caribbean

Bahamas ☐ 01

Barbados ☐ 02

Bermuda ☐ 03

Cuba ☐ 04

Dominican Republic ☐ 05

Grenada ☐ 06

Guadeloupe ☐ 07

Haiti ☐ 08

Jamaica ☐ 09

Martinique ☐ 10

Monserat ☐ 11

Puerto Rico ☐ 12

Trinidad ☐ 13

U.S. Virgin Islands ☐ 14

Africa

- Africa ☐ 15
 Cape Verde ☐ 16
 Ghana ☐ 17
 Ivory Coast ☐ 18
 Nigeria ☐ 19
 Senegal ☐ 20

North America

- United States ☐ 21
 Mexico ☐ 22

South America

- Brazil ☐ 23
 Colombia ☐ 24
 Costa Rica ☐ 25
 El Salvador ☐ 26
 Guatemala ☐ 27
 Honduras ☐ 28

Europe

- England ☐ 29
 France ☐ 30
 Ireland ☐ 31
 Other ☐ 32

Specify _____

DON'T KNOW ☐ 98

REFUSED ☐ 99

Q 1-9 What was the first language that you learned to speak when you were growing up?

- Haitian Creole ☐ 01
 French and Creole at the same time ☐ 02
 English and Creole at the same time ☐ 03
 French ☐ 04
 English ☐ 05
 Other language ☐ 06

Specify _____

DON'T KNOW ☐ 98

REFUSED ☐ 99

Q 1-10 How do you describe your ethnic group? **(READ RESPONSE CATEGORIES)**

(Participant may choose more than one answer)

- Haitian ☐ 01
 Haitian American ☐ 02
 African ☐ 03
 African-American ☐ 04
 Jamaican ☐ 05
 Trinidadian ☐ 06
 Grenadian ☐ 07
 Cape Verdean ☐ 08
 Hispanic or Latino ☐ 09
 Brazilian ☐ 10
 White, not Hispanic ☐ 11
 Vietnamese ☐ 12
 Cambodian ☐ 13
 Chinese ☐ 14
 Italian ☐ 15
 Native American ☐ 16
 Jewish ☐ 17
 Irish ☐ 18
 Arab ☐ 19
 Other ☐ 20

Specify: _____

DON'T KNOW ☐ 98

REFUSED ☐ 99

Q 1-11 How do you define your race? Would you say you're... **(READ RESPONSE CATEGORIES)**

- Black ☐ 01
 American Indian, Eskimo, and Aleut ☐ 02
 Asian and Pacific Islander ☐ 03
 White ☐ 04
 Other Race ☐ 05

Specify _____

DON'T KNOW ☐ 98

REFUSED ☐ 99

Q 1-12 And, what country do you consider to be your first or most important country of origin, or the country that you mostly identify with?

Caribbean

- Bahamas ☐ 01
- Barbados ☐ 02
- Bermuda ☐ 03
- Cuba ☐ 04
- Dominican Republic ☐ 05
- Grenada ☐ 06
- Guadeloupe ☐ 07
- Haiti ☐ 08
- Jamaica ☐ 09
- Martinique ☐ 10
- Monserat ☐ 11
- Puerto Rico ☐ 12
- Trinidad ☐ 13
- U.S. Virgin Islands ☐ 14

Africa

- Africa ☐ 15
- Cape Verde ☐ 16
- Ghana ☐ 17
- Ivory Coast ☐ 18
- Nigeria ☐ 19
- Senegal ☐ 20

North America

- United States ☐ 21
- Mexico ☐ 22

Q 1-12 cont.

South America

- Brazil ☐ 23
- Colombia ☐ 24
- Costa Rica ☐ 25
- El Salvador ☐ 26
- Guatemala ☐ 27
- Honduras ☐ 28

Europe

- England ☐ 29
- France ☐ 30
- Ireland ☐ 31
- Other ☐ 32

Specify _____

- DON'T KNOW ☐ 98
- REFUSED ☐ 99

SECTION II: HEALTH STATUS AND BREAST AND CERVICAL CANCER HISTORY

Now I'm going to ask you some questions about your health and the health care you get.

Q 2-1 Compared to other women your age, would you say your health is [READ RESPONSE CATEGORIES]:

Excellent ☐ 01
 Very good ☐ 02
 Good ☐ 03
 Fair ☐ 04
 Poor ☐ 05
 DON'T KNOW ☐ 98
 REFUSED ☐ 99

Q 2-2 Have you ever heard of breast cancer?

Yes ☐ 01
 No ☐ 02 [SKIP Q 2-14]
 DON'T KNOW ☐ 98
 REFUSED ☐ 99

Q 2-3 What symptoms do you think people with breast cancer have? [SUBJECT MAY CHOOSE MORE THAN ONE CHOICE]

Pain in the breast ☐ 01
 Breast changes color ☐ 02
 Breast has lump(s) ☐ 03
 Breast gets bigger ☐ 04
 Breast gets smaller ☐ 05
 Breast discharge ☐ 06
 None ☐ 07
 Other ☐ 08

Specify _____
 DON'T KNOW ☐ 98
 REFUSED ☐ 99

Q 2-4 How did you first hear of breast cancer? [READ RESPONSE

CATEGORIES]

Radio program ☐ 01
 Television program ☐ 02
 In Church ☐ 03
 In School ☐ 04
 Community Center ☐ 05
 Family member ☐ 06
 Friend ☐ 07
 Doctor/nurse ☐ 08
 Home health educator ☐ 09
 Other ☐ 10

Specify _____
 DON'T KNOW ☐ 98
 REFUSED ☐ 99

Q 2-5 Have you ever been diagnosed with breast cancer?

Yes ☐ 01
 No ☐ 02 [GO TO Q 2-8]
 DON'T KNOW ☐ 98 [GO TO Q 2-8]
 REFUSED ☐ 99 [GO TO Q 2-8]

Q 2-6 About how long ago did you learn of your diagnosis? [READ RESPONSE

CATEGORIES]

Less than 6 months ago ☐ 01
 6 months to 1 year ago ☐ 02
 Number of years _____ ☐ 03
 DON'T KNOW ☐ 98
 REFUSED ☐ 99

Q 2-7 Have you received any treatment or surgery after being diagnosed with breast cancer?

Yes ☐ 01
 No ☐ 02
 DON'T KNOW ☐ 98
 REFUSED ☐ 99

Q 2-8 Has your mother ever been diagnosed with breast cancer?

- Yes ☐ 01
 No ☐ 02 [SKIP TO Q 2-10]
 DON'T KNOW ☐ 98 [SKIP TO Q 2-10]
 REFUSED ☐ 99 [SKIP TO Q 2-10]

Q 2-9 About how long ago did you learn that your mother has breast cancer?

- Less than one year ago ☐ 01
 # of Years _____
 DON'T KNOW ☐ 98
 REFUSED ☐ 99

Q 2-10 Have you ever had a sister diagnosed with breast cancer?

- Yes ☐ 01
 No ☐ 02 [SKIP TO Q 2-12]
 DON'T KNOW ☐ 98 [SKIP TO Q 2-12]
 REFUSED ☐ 99 [SKIP TO Q 2-12]

Q 2-11 About how long ago did you first learn that one of your sisters has breast cancer?

- Less than 1 year ago ☐ 01
 # of Years _____
 DON'T KNOW ☐ 98
 REFUSED ☐ 99

Q 2-12 Has any other relative of yours, close friend or an acquaintance ever been diagnosed with breast cancer?

- Yes ☐ 01
 No ☐ 02 [SKIP TO Q 2-14]
 DON'T KNOW ☐ 98 [SKIP TO Q 2-14]
 REFUSED ☐ 99 [SKIP TO Q 2-14]

Q 2-13 About how long ago did you first learn that another relative or friend has breast cancer?

- Less than 1 year ago ☐ 01
 # of Years _____
 DON'T KNOW ☐ 98
 REFUSED ☐ 99

Q 2-14 Have you ever heard of cervical cancer?

- Yes ☐ 01
 No ☐ 02 [SKIP Q 2-25]
 DON'T KNOW ☐ 98
 REFUSED ☐ 99

Q 2-15 How did you first hear of cervical cancer? [READ RESPONSE

CATEGORIES]

- Radio program ☐ 01
 Television program ☐ 02
 In Church ☐ 03
 In School ☐ 04
 Community Center ☐ 05
 Family member ☐ 06
 Friend ☐ 07
 Doctor/nurse ☐ 08
 Home health educator ☐ 09
 Other ☐ 10

Specify _____

- DON'T KNOW ☐ 98
 REFUSED ☐ 99

Q 2-16 Have you ever been diagnosed with cervical cancer?

- Yes ☐ 01
 No ☐ 02 [GO TO Q 2-19]
 DON'T KNOW ☐ 98 [GO TO Q 2-19]
 REFUSED ☐ 99 [GO TO Q 2-19]

Q 2-17 About how long ago did you learn of your diagnosis? [READ RESPONSE

CATEGORIES]

- Less than 6 months ago ☐ 01
 6 months to 1 year ago ☐ 02
 Number of years _____ ☐ 03
 DON'T KNOW ☐ 98
 REFUSED ☐ 99

Q 2-18 Have you received any treatment or surgery after being diagnosed with cervical cancer?

- Yes ☐ 01
 No ☐ 02
 DON'T KNOW ☐ 98
 REFUSED ☐ 99

Q 2-19 Has your mother ever been diagnosed with cervical cancer?

- Yes ☐ 01
 No ☐ 02 [SKIP TO Q 2-21]
 DON'T KNOW ☐ 98 [SKIP TO Q 2-21]
 REFUSED ☐ 99 [SKIP TO Q 21]

Q 2-20 About how long ago did you learn that your mother has cervical cancer?

- Less than one year ago ☐ 01
 # of Years _____
 DON'T KNOW ☐ 98
 REFUSED ☐ 99

Q 2-21 Have you ever had a sister diagnosed with cervical cancer?

- Yes ☐ 01
 No ☐ 02 [SKIP TO Q 2-23]
 DON'T KNOW ☐ 98 [SKIP TO Q 2-23]
 REFUSED ☐ 99 [SKIP TO Q 2-23]

Q 2-22 About how long ago did you first learn that one of your sisters has cervical cancer?

- Less than 1 year ago ☐ 01
 # of Years _____
 DON'T KNOW ☐ 98
 REFUSED ☐ 99

Q 2-23 Has any other relative of yours, close friend or an acquaintance ever been diagnosed with cervical cancer?

- Yes ☐ 01
 No ☐ 02 [SKIP TO Q 2-25]
 DON'T KNOW ☐ 98 [SKIP TO Q 2-25]
 REFUSED ☐ 99 [SKIP TO Q 2-25]

Q 2-24 About how long ago did you first learn that another relative or friend has

cervical cancer?

- Less than 1 year ago ☐ 01
 # of Years _____
 DON'T KNOW ☐ 98
 REFUSED ☐ 99

Q 2-25 Is there one place that you usually go to for medical care if you are sick or have a health problem?

- Yes ☐ 01 [GO TO Q 2-28]
 No ☐ 02 [GO TO Q 2-26]
 There is more than 1 ☐ 03 [GO TO Q 2-27]
 DON'T KNOW ☐ 98 [GO TO Q 2-27]
 REFUSED ☐ 99 [GO TO Q 2-27]

Q 2-26 Which of these is the MAIN reason you do not have a particular place or person you usually go to? [READ RESPONSE CATEGORIES]

- You have two or more usual doctors or places ☐ 01
 You haven't had/don't have a doctor ☐ 02 [GO TO Q 2-45]
 Your previous doctor is no longer available ☐ 03 [GO TO Q 2-45]
 No care is available ☐ 04 [GO TO Q 2-45]
 Care is too far away ☐ 05 [GO TO Q 2-45]
 Haven't been able to find the right doctor ☐ 06 [GO TO Q 2-45]
 Can't afford it ☐ 07 [GO TO Q 2-45]
 Never sick/don't need to see a doctor ☐ 08 [GO TO Q 2-45]
 I don't have a place to go ☐ 09 [GO TO Q 2-45]
 Other reason ☐ 10 [GO TO Q 2-45]
 Specify: _____
 DON'T KNOW ☐ 98 [GO TO Q 2-45]
 REFUSED ☐ 99 [GO TO Q 2-45]

Q 2-27 Is there one of those places you go to MOST OFTEN when you are sick?

- Yes ☐ 01
 No ☐ 02
 DON'T KNOW ☐ 98
 REFUSED ☐ 99

Q 2-28 What type of place is it? **[READ RESPONSE CATEGORIES]**

- Private doctor's office ☐ 01
 Hospital Emergency Dept. ☐ 02
 Urgent Care ☐ 03
 Hospital outpatient clinic ☐ 04
 Community health center/
 Public health clinic ☐ 05
 HMO or private clinic ☐ 06
 Non-allopathic provider(e.g., botanica,
 faith healer, acupuncturist,
 herbalist, etc.) ☐ 07
 Other ☐ 08

Specify: _____
 DON'T KNOW ☐ 98
 REFUSED ☐ 99

Q 2-29 About how long does it usually take you to travel to this (place in **Q 2-28**)? **[PROBE FOR APPROX.]**

_____ minutes
 DON'T KNOW ☐ 98
 REFUSED ☐ 99

Q 2-30 Once you get to this (place in **Q 2-28**) about how long do you usually have to wait before you get medical care? **[PROBE FOR APPROX.]**

_____ minutes
 DON'T KNOW ☐ 98
 REFUSED ☐ 99

Q 2-31 Is there a particular doctor you usually see at this (place in **Q 2-28**)?

Yes ☐ 01
 No ☐ 02 →**[GO TO Q 2-33]**
 DON'T KNOW ☐ 98 →**[GO TO Q 2-33]**
 REFUSED ☐ 99 →**[GO TO Q 2-33]**

Q 2-32 For how long have you been seeing this person?

- Less than 6 months ago ☐ 01
 More than 6 months but
 less than 1 year ago ☐ 02
 1 - 3 years ago ☐ 03
 More than 3 years ago ☐ 04

DON'T KNOW ☐ 98
 REFUSED ☐ 99

Q 2-33 When was the last time you went to (this place)? **[PROBE FOR APPROX.]**

- Less than 6 months ago ☐ 01
 More than 6 months but
 less than 1 year ago ☐ 02
 1 - 3 years ago ☐ 03
 More than 3 years ago ☐ 04
 DON'T KNOW ☐ 98
 REFUSED ☐ 99

Q 2-34 When you go for medical care, do you usually see **[READ RESPONSE CATEGORIES]**

- A Nurse ☐ 01
 A Doctor ☐ 02
 Both ☐ 03
 Other ☐ 04

Specify _____
 DON'T KNOW ☐ 98
 REFUSED ☐ 99

[FOR RESPONDENTS WHOSE FIRST LANGUAGE IS NOT ENGLISH, CONTINUE WITH 2-35; FOR RESPONDENTS WHOSE FIRST LANGUAGE IS ENGLISH, SKIP QUESTIONS 2-35 to 2-41; REFER TO Q 1-9 FOR RESPONDENTS' FIRST LANGUAGE]

You told me that the first language you learned to speak was (language), is that right?

Q 2-35 And are there people in (place in **Q 2-28**) who speak (language)?

Yes ☐ 01
 No ☐ 02 **[GO TO Q 2-40]**
 DON'T KNOW ☐ 98 **[GO TO Q 2-40]**
 REFUSED ☐ 99 **[GO TO Q 2-40]**

Q 2-36 Does the receptionists/clerical staff speak (language) **[READ RESPONSE CATEGORIES]**

Well ☐ 01
A little ☐ 02
Not at all ☐ 03
No receptionist ☐ 04
DON'T KNOW ☐ 98
REFUSED ☐ 99

Q 2-37 Does the interpreter(s) speak (the language)? **[READ RESPONSE CATEGORIES]**

Well ☐ 01
A little ☐ 02
Not at All ☐ 03
No interpreter ☐ 04
DON'T KNOW ☐ 98
REFUSE ☐ 99

Q 2-38 Does the doctor(s) speak (the language) **[READ RESPONSE CATEGORIES]**

Well ☐ 01
A little ☐ 02
Not at all ☐ 03
No doctor ☐ 04
DON'T KNOW ☐ 98
REFUSED ☐ 99

Q 2-39 Do(es) the nurse(s) speak (the language) **[READ RESPONSE CATEGORIES]**

Well ☐ 01
A little ☐ 02
Not at all ☐ 03
No Nurse ☐ 04
DON'T KNOW ☐ 98
REFUSED ☐ 99

Q 2-40 How important is it to you that your health care provider speaks (respondent's 1st language): **[READ RESPONSE CATEGORIES]**

Very important ☐ 01
Somewhat important ☐ 02

Not very important ☐ 03
Not at all important ☐ 04
DON'T KNOW ☐ 98
REFUSED ☐ 99

Q 2-41 How important is it to you that other people in that office or clinic speak (language): **[READ RESPONSE CATEGORIES]**

Very important ☐ 01
Somewhat important ☐ 02
Not very important ☐ 03
Not at all important ☐ 04
DON'T KNOW ☐ 98
REFUSED ☐ 99

Now I will ask you some questions about your Doctor. This is someone who has an MD (Medical Doctor) degree.

Q 2-42 Is your Doctor **[READ RESPONSE CATEGORIES]**

(Ethnicity) ☐ 01
Non-(ethnicity) ☐ 02
DON'T KNOW ☐ 98
REFUSED ☐ 99

Q 2-43 Is your Doctor **[READ RESPONSE CATEGORIES]**

Female ☐ 01
Male ☐ 02
DON'T KNOW ☐ 98
REFUSED ☐ 99

Q 2-44 How satisfied were you with the service you got the LAST time you went for medical care? Were you... **[READ RESPONSE CATEGORIES]**

Very satisfied ☐ 01
Somewhat satisfied ☐ 02
Somewhat dissatisfied ☐ 03
Very dissatisfied ☐ 04
DON'T KNOW ☐ 98
REFUSED ☐ 99

Q 2-45 How often do you go to a doctor or a clinic for regular checkups, even if you don't feel sick or don't have a particular problem or question about your health? Is it: **[READ**

RESPONSE CATEGORIES]

More than once a year ☐ 01

Once a year ☐ 02

Once every 2 years ☐ 03

Less than once every 2 years ☐ 04

Never, you only go for medical care if you feel sick or have a health problem ☐ 05

DON'T KNOW ☐ 98

REFUSED ☐ 99

SECTION III: ALTERNATIVE HEALING PRACTICES

Many people take care of some kinds of medical problems at home, or use folk remedies. We would like to know about some of the other ways you might have of dealing with health problems.

Q 3-1 Do you use some teas, herbs or folk remedies?

- Yes ☐ 01
 No ☐ 02 **[GO TO Q 3-8]**
 DON'T KNOW ☐ 98 **[GO TO Q 3-6]**
 REFUSED ☐ 99 **[GO TO Q 3-6]**

3-2 When was the last time you used [tea, herbs, home remedies]? **[PROBE FOR APPROX. TIME]**

- Less than 1 month ago ☐ 01
 more than 1 month ago, but
 less than 3 months ago ☐ 02
 more than 3 months ago, but
 less than 6 months ago ☐ 03
 more than 6 months ago, but
 less than 1 year ago. ☐ 04
 More than 1 year ago ☐ 05
 Never ☐ 06
 DON'T KNOW ☐ 98
 REFUSED ☐ 99

Q 3-3 What was the reason/problem?
[RECORD EXACT RESPONSE]

Q 3-4 What did you take? **[RECORD EXACT RESPONSE]**

Q 3-5 How did you know what kind of teas, herb or folk remedies to take? **[READ RESPONSE CATEGORIES: CHOOSE THE BEST ANSWER]**

- One of my family members knows about remedies ☐ 01
- My neighbor told me ☐ 02
- I know about remedies ☐ 03
- A friend knows about remedies ☐ 04
- I read it in a book ☐ 05
- I was advised at a health Store ☐ 06
- I heard about it on the radio ☐ 07
- I heard other people talk about it ☐ 08
- Other ☐ 09

Specify: _____

- DON'T KNOW ☐ 98
 REFUSED ☐ 99

Q 3-6 To maintain overall good health, even when feeling well, do you prefer to use:

- Western supplements (ex. Vitamins) ☐ 01
 Teas, herbs, or home remedies ☐ 02
 Both ☐ 03
 Neither ☐ 04
 DON'T KNOW ☐ 98
 REFUSED ☐ 99

Q3-7 If you use Alternative Healing Practices, do you tell Western Medicine Doctors?

- Yes ☐ 01
 No, because afraid of Doctor's disapproval ☐ 02
 No, because never thought to tell them ☐ 03
 Other ☐ 04
 Specify: _____
 DON'T KNOW ☐ 98
 REFUSED ☐ 99

I am now going to present you with examples of different types of medical conditions, and I would like to know whether you would use Western Medicine, Alternative Healing Practices, both, or neither to treat these conditions. Alternative healing practices include teas, herbs, shaman/hougan/mambo, acupuncturist, midwife, masseuse, and Christian faith healing service.

Q 3-8 You are walking quickly. You begin to have severe chest pain, associated with shortness of breath, sweatiness, and nausea and vomiting. You think you might have a life threatening heart problem. Do you use: Alternative Healing

- Practices first ☐ 01
 Western Medicine first ☐ 02 [GO TO Q 3-11]
 Both at the same time ☐ 03
 Neither ☐ 04 [GO TO Q 3-12]
 DON'T KNOW ☐ 98 [GO TO Q 3-12]
 REFUSED ☐ 99 [GO TO Q 3-12]

Q 3-9 Which alternative medicine do you try?

- Teas, herbs or other home remedies ☐ 01
 A Shaman/Hougan/Mambo ☐ 02
 Acupuncturist ☐ 03
 Midwife ☐ 04
 Masseuse ☐ 05
 Christian Faith Healing Service ☐ 06
 Other ☐ 07
 Specify: _____
 DON'T KNOW ☐ 98

REFUSED ☐ 99
[IF CHECKED CHOICE 3 IN Q 3-8, GO TO Q 3-12]

Q 3-10 If alternative medicine is not working, do you try western medicine?

- Yes ☐ 01 [GO TO Q3-12]
 No ☐ 02 [GO TO Q3-12]
 DON'T KNOW ☐ 98 [GO TO Q 3-12]
 REFUSED ☐ 99 [GO TO Q 3-12]

Q 3-11 If western medicine is not working, do you try alternative medicine?

- Yes ☐ 01
 No ☐ 02
 DON'T KNOW ☐ 98
 REFUSED ☐ 99

Q 3-12 You wake up one morning with cough, nasal congestion, sore throat, and muscle aches. Do you use:

- Alternative Healing Practices first ☐ 01
 Western Medicine first ☐ 02 [GO TO Q 3-15]
 Both at the same time ☐ 03
 Neither ☐ 04 [GO TO Q 3-16]
 DON'T KNOW ☐ 98 [GO TO Q 3-16]
 REFUSED ☐ 99 [GO TO Q 3-16]

Q 3-13 Which alternative medicine do you try?

- Teas, herbs or other home remedies ☐ 01
 A Shaman/Hougan/Mambo ☐ 02
 Acupuncturist ☐ 03
 Midwife ☐ 04
 Masseuse ☐ 05
 Christian Faith Healing Service ☐ 06
 Other ☐ 07
 Specify: _____
 DON'T KNOW ☐ 98
 REFUSED ☐ 99

[IF CHECKED CHOICE 3 IN Q 3-12, GO TO Q 3-16]

Q 3-14 If alternative medicine is not working, do you try western medicine?
 Yes ☐ 01 **[GO TO Q3-16]**
 No ☐ 02 **[GO TO Q3-16]**
 DON'T KNOW ☐ 98 **[GO TO Q 3-16]**
 REFUSED ☐ 99 **[GO TO Q 3-16]**

Q 3-15 If western medicine is not working, do you try alternative medicine?
 Yes ☐ 01
 No ☐ 02
 DON'T KNOW ☐ 98
 REFUSED ☐ 99

Q 3-16 You suffer from pain in both knees. It has gradually gotten worsen over the years. Now you are unable to walk without discomfort, and find it difficult to get around. Do you use:
 Alternative Healing Practices first ☐ 01
 Western Medicine first ☐ 02 **[GO TO Q 3-19]**
 Both at the same time ☐ 03
 Neither ☐ 04 **[GO TO Q 3-20]**
 DON'T KNOW ☐ 98 **[GO TO Q 3-20]**
 REFUSED ☐ 99 **[GO TO Q 3-20]**

Q 3-17 Which alternative medicine do you try?
 Teas, herbs or other home remedies ☐ 01
 A Shaman/Hougan/Mambo ☐ 02
 Acupuncturist ☐ 03
 Midwife ☐ 04
 Masseuse ☐ 05
 Christian Faith Healing Service ☐ 06
 Chiropractor ☐ 07
 Other ☐ 08
 Specify: _____
 DON'T KNOW ☐ 98
 REFUSED ☐ 99

[IF CHECKED CHOICE 3 IN Q 3-16, GO TO Q 3-20]

Q 3-18 If alternative medicine is not working, do you try western medicine?
 Yes ☐ 01 **[GO TO Q3-20]**

No ☐ 02 **[GO TO Q3-20]**
 DON'T KNOW ☐ 98 **[GO TO Q 3-20]**
 REFUSED ☐ 99 **[GO TO Q 3-20]**

Q 3-19 If western medicine is not working, do you try alternative medicine?
 Yes ☐ 01
 No ☐ 02
 DON'T KNOW ☐ 98
 REFUSED ☐ 99

Q 3-20 Over the past several months you have been losing weight, had decreased appetite, and you have been feeling short of breath. You think you might have cancer. Do you use:
 Alternative Healing Practices first ☐ 01
 Western Medicine first ☐ 02 **[GO TO Q 3-23]**
 Both at the same time ☐ 03
 Neither ☐ 04 **[GO TO Q 3-24]**
 DON'T KNOW ☐ 98 **[GO TO Q 3-24]**
 REFUSED ☐ 99 **[GO TO Q 3-24]**

Q 3-21 Which alternative medicine do you try?
 Teas, herbs or other home remedies ☐ 01
 A Shaman/Hougan/Mambo ☐ 02
 Acupuncturist ☐ 03
 Midwife ☐ 04
 Masseuse ☐ 05
 Christian Faith Healing Service ☐ 06
 Other ☐ 07
 Specify: _____
 DON'T KNOW ☐ 98
 REFUSED ☐ 99

[IF CHECKED CHOICE 3 IN Q 3-20, GO TO Q 3-24]

Q 3-22 If alternative medicine is not working, do you try western medicine?
 Yes ☐ 01 **[GO TO Q3-24]**
 No ☐ 02 **[GO TO Q3-24]**
 DON'T KNOW ☐ 98 **[GO TO Q 3-24]**
 REFUSED ☐ 99 **[GO TO Q 3-24]**

Q 3-23 If western medicine is not working, do you try alternative medicine?

Yes ☐ 01
No ☐ 02
DON'T KNOW ☐ 98
REFUSED ☐ 99

Q 3-24 You feel sad and lack of energy. All you want to do is lie around and do nothing. Nothing seems to make you happy. This feeling gradually worsens. Do you use:

Alternative Healing Practices first ☐ 01
Western Medicine first ☐ 02 [GO TO Q 3-27]
Both at the same time ☐ 03
Neither ☐ 04 [GO TO Q 3-28]
DON'T KNOW ☐ 98 [GO TO Q 3-28]
REFUSED ☐ 99 [GO TO Q 3-28]

Q 3-25 Which alternative medicine do you try?

Teas, herbs or other home remedies ☐ 01
A Shaman/Hougan/Mambo ☐ 02
Acupuncturist ☐ 03
Midwife ☐ 04
Masseuse ☐ 05
Christian faith Healing Service ☐ 06
Other ☐ 07
Specify: _____
DON'T KNOW ☐ 98
REFUSED ☐ 99

[IF CHECKED CHOICE 3 IN Q 3-24, GO TO Q 3-28]

Q 3-26 If alternative medicine is not working, do you try western medicine?

Yes ☐ 01 [GO TO Q3-28]
No ☐ 02 [GO TO Q3-28]
DON'T KNOW ☐ 98 [GO TO Q 3-28]
REFUSED ☐ 99 [GO TO Q 3-28]

Q 3-27 If western medicine is not working, do you try alternative medicine?

Yes ☐ 01
No ☐ 02
DON'T KNOW ☐ 98
REFUSED ☐ 99

Breast Cancer Questionnaire

In the next few questions, I am going to ask you to compare Western Medicine and Alternative Medicine. If you think there is no difference between the two or you don't know please indicate this to me as well.

	Western Medicine	Alternative Healing Practices	No Difference	Don't Know	REFUSED
Q 3-28 Does it cost you more to use Western Medicine or Alternative Healing Practices?	01	02	03	98	99
Q 3-29 Which is more convenient for you to use?	01	02	03	98	99
Q 3-30 Which do you feel more familiar with?	01	02	03	98	99
Q 3-31 In which do you have more confidence?	01	02	03	98	99
Q 3-32 Which method is more often recommended by family members?	01	02	03	98	99
Q 3-33 Which do you use more often?	01	02	03	98	99

SECTION IV: BREAST CANCER SCREENING

Now I'm going to ask you about some medical tests and examinations for women.

Q 4-1 Have you ever heard of a mammogram?

Yes ☐ 01

No ☐ 02

DON'T KNOW ☐ 98

REFUSED ☐ 99

(As you may know) a mammogram is an X-ray taken of the breasts by a machine that presses the breasts flat in order to make a better image. It is not a chest X-ray like you would have for pneumonia. This X-ray takes a picture of the breast to check for breast cancer.

Now I'm going to read some statements. Imagine that you are saying these statements yourself, then tell me if you agree or disagree with each of them. [READ EACH STATEMENT AND CIRCLE NUMBER FOR RESPONSE.]

[CIRCLE NUMBER FOR RESPONSE.]

	Agree	Disagree	DON'T KNOW	REFUSE
Q 4-2 Since I do breast self-examinations, I don't need a mammogram.	01	02	98	99
Q-4-3 Mammograms are very painful.	01	02	98	99
Q 4-4 Mammograms expose you to too much radiation.	01	02	98	99
Q 4-5 Having a mammogram is an embarrassing experience.	01	02	98	99
Q 4-6 I'm afraid of what a mammogram might find.	01	02	98	99
Q 4-7 Having to get a mammogram means I'm old.	01	02	98	99
Q 4-8 You only need a mammogram if you have symptoms.	01	02	98	99
Q 4-9 You only need a mammogram if a family member had breast cancer.	01	02	98	99
Q 4-10 I'm afraid to find out if I need surgery.	01	02	98	99

Q 4-11 Have you ever had a mammogram?

Yes ☐ 01
 No ☐ 02 **[GO TO Q 4-32]**
 DON'T KNOW ☐ 98 **[GO TO Q 4-32]**
 REFUSED ☐ 99 **[GO TO Q 4-32]**

Q4-12 What is the best estimate of your age when you received your first mammogram?

____ Years old
 DON'T KNOW ☐ 98
 REFUSED ☐ 99

Q 4-13 How many mammograms have you had in your lifetime?

_____ **[GO TO 4-15]**
 DON'T KNOW/NOT SURE ☐ 98
 REFUSED ☐ 99

Q 4-14 (IF DON'T KNOW/NOT SURE)

Well, are you sure whether you have had more than one? Have you had just one, or more than one?

Just one ☐ 01
 More than one ☐ 02
 DON'T KNOW/not sure ☐ 98
 REFUSED ☐ 99

And what is your best estimate of the total number you have had in your lifetime?

 DON'T KNOW ☐ 98
 REFUSED ☐ 99

Q 4-15 Were you ever contacted by a doctor, nurse or other health care worker because of an abnormal result in your mammogram exam?

Yes ☐ 01
 No ☐ 02 **[GO TO 4-21]**
 DON'T KNOW ☐ 98 **[GO TO 4-21]**
 REFUSED ☐ 99 **[GO TO 4-21]**

Q 4-16 How long ago was this? **[READ RESPONSE CATEGORIES]**

Less than 1 year ago ☐ 01
 1-3 years ago ☐ 02
 More than 3 years ago ☐ 03
 NEVER ☐ 04
 DON'T KNOW ☐ 98
 REFUSED ☐ 99

Q 4-17 Did you have a clinic appointment as a result of an abnormal mammogram?

Yes ☐ 01
 No ☐ 02 **[GO TO Q 4-21]**
 DON'T KNOW ☐ 98 **[GO TO Q 4-21]**
 REFUSED ☐ 99 **[GO TO Q 4-21]**

Q 4-18 How long did you have to wait to schedule that appointment?

Less than 1 months ☐ 01
 1-3 months ago ☐ 02
 More than 3 months
 but less than 6 months ☐ 03
 More than 6 months ☐ 04
 DON'T KNOW ☐ 98 **[GO TO Q 4-21]**
 REFUSED ☐ 99 **[GO TO Q 4-21]**

Q 4-19 Did you keep that appointment?

Yes ☐ 01 **[GO TO Q 4-21]**
 No ☐ 02
 DON'T KNOW ☐ 98 **[GO TO Q 4-21]**
 REFUSED ☐ 99 **[GO TO Q 4-21]**

Q 4-20 If no, what was the reason you did not keep the appointment?

- Lack of transportation ☐ 01
- Has been rescheduled ☐ 02
- Did not have time
 (too busy with work) ☐ 03
- Cost too much ☐ 04
- Wanted to keep the result
 confidential ☐ 05
- Afraid of discussing the
 result ☐ 06
- Other ☐ 07

Specify: _____

DON'T KNOW ☐ 98
 REFUSED ☐ 99

Q 4-21 When did you have your last mammogram? **[READ RESPONSE CATEGORIES]**

1 year ago or less ☐ 01
 Between 1 to
 2 years ago ☐ 02
 Between 2 to
 3 years ago ☐ 03 **[SKIP Q 4-32]**
 More than 3

years ago ☐ 04 [SKIP Q 4-32]
 NEVER ☐ 05 [GO TO Q 4-32]
 DON'T KNOW
 /NOT SURE ☐ 98 [GO TO Q 4-32]
 REFUSED ☐ 99 [GO TO Q 4-32]

Q 4-22 What was the reason you had this last mammogram? [READ RESPONSE CATEGORIES]

Because of a specific breast problem ☐ 01 [GO TO Q 4-24]
 Follow-up to a previous breast problem ☐ 02 [GO TO Q 4-24]
 Part of a routine physical exam or check-up ☐ 03 [GO TO Q 4-24]
 Doctor's advice ☐ 04
 Nurse or other health care provider's advice ☐ 05
 I asked for it myself as a precaution ☐ 06 [GO TO Q 4-24]
 Other ☐ 07 [GO TO Q 4-24]
 Specify _____
 DON'T KNOW ☐ 98 [GO TO Q 4-24]
 REFUSED ☐ 99 [GO TO Q 4-24]

[IF CHECK CHOICE 4 OR 5, GO TO Q 4-23 ALL OTHER ANSWERS, GO TO 4-24]

Q 4-23 Do you know why the doctor advised you to have this mammogram? Was it because the doctor/other health care provider was concerned about a specific problem or something?

S/he found when examining me ☐ 01
 It was part of a regular checkup or because all women my age should get regular mammograms ☐ 02
 I have a relative who has had breast cancer ☐ 03
 Some other reason ☐ 04
 Specify _____
 DON'T KNOW ☐ 98
 REFUSED ☐ 99

Q 4-24 Where was this mammogram done-- in a doctor's office, a clinic or health center, a hospital, an X-ray radiology lab, a mobile van, or some other place?

Doctor's office ☐ 01
 Clinic/health center ☐ 02
 Hospital ☐ 03
 Radiology lab ☐ 04
 Mobile van ☐ 05
 Other ☐ 06
 Specify: _____
 DON'T KNOW ☐ 98
 REFUSED ☐ 99

Q 4-25 Thinking back to the last mammogram that you had, was it physically painful? Was it [READ RESPONSE CATEGORIES]

Very painful ☐ 01
 Somewhat painful ☐ 02
 A little painful ☐ 03
 Not painful but uncomfortable ☐ 04
 Not at all painful or uncomfortable ☐ 05
 DON'T KNOW ☐ 98
 REFUSED ☐ 99

Breast Cancer Questionnaire

And how did you feel about the experience of having a mammogram? I'm going to read some statements. Imagine that you are saying these statements yourself, then tell me if you agree or disagree with each of them. **[READ EACH STATEMENT AND CIRCLE NUMBER FOR RESPONSE.]**

	Agree	Disagree	DON'T KNOW	REFUSED
Q 4-26 I felt anxious while I was in the waiting room before I had my mammogram.	01	02	98	99
Q 4-27 The person who did my mammogram was helpful and made me feel at ease.	01	02	98	99
Q 4-28 There was someone in the office to answer my questions or help me understand what was happening.	01	02	98	99
Q 4-29 I felt anxious while I was waiting to hear the results of my mammogram.	01	02	98	99
Q 4-30 I will have a repeat mammogram.	01	02	98	99
Q 4-31 Having a mammogram was reassuring for me.	01	02	98	99

[IF CHECKED CHOICE 1, 2 IN Q 4-21; SKIP Q 4-32]

4-32 What is the most important reason why you have (never had a mammogram/not had a mammogram in the past few years?)

- Never thought about it /didn't know I should ☐ 01
- Not needed/haven't had any problems ☐ 02
- Put it off/laziness ☐ 03
- Costs too much/no insurance ☐ 04
- Doctor didn't recommend it ☐ 05
- Don't go to/don't like Doctors ☐ 06
- Not old enough ☐ 07
- Fear of radiation ☐ 08
- Fear (other

or unspecified) ☐ 09

- No time/inconvenient ☐ 10
- Not comfortable with it /embarrassment ☐ 11
- Never heard of it ☐ 12
- No particular reason ☐ 13
- Other ☐ 14

Specify _____
 DON'T KNOW ☐ 98
 REFUSED ☐ 99

Q 4-33 In your opinion, at what age is it recommended that a woman should start having mammograms?

- ____ Years old
- When she starts having periods ☐ 01
 - When she starts having children ☐ 02
 - When she has a problem ☐ 03
 - When she starts having sex ☐ 04
 - When she had her menopause ☐ 05
 - Other ☐ 06

Specify: _____
 DON'T KNOW ☐ 98
 REFUSED ☐ 99

Q 4-34 In the past two years, have you had your breasts physically examined by a doctor, that is did a doctor feel your breasts for lumps or other problems?

Yes ☐ 01
 No ☐ 02
 DON'T KNOW ☐ 98
 REFUSED ☐ 99

Q 4-35 And in the past two years, has a health care provider discussed mammograms with you?

Yes ☐ 01
 No ☐ 02
 DON'T KNOW ☐ 98
 REFUSED ☐ 99

Q 4-36 In the past two years, has a health care provider recommended that you have a mammogram?

Yes ☐ 01
 No ☐ 02
 DON'T KNOW ☐ 98
 REFUSED ☐ 99

Q 4-37 In the past two years, have you ever learned about mammography from a workshop or presentation that wasn't connected with a doctor's office or a health center? For example, a presentation at a neighborhood center, senior citizen center, a church, or in someone's home?

Yes ☐ 01
 No ☐ 02 **[GO TO 4-39]**
 DON'T KNOW ☐ 98
 REFUSED ☐ 99

Q 4-38 Did you have a mammogram as a result of that presentation or workshop?

Yes ☐ 01
 No ☐ 02
 DON'T KNOW ☐ 98
 REFUSED ☐ 99

Q 4-39 Do you know how to examine your own breasts for lumps?

Yes ☐ 01
 No ☐ 02 **[GO TO SECTION V]**
 REFUSED ☐ 99 **[GO TO SECTION V]**

Q 4-40 What do you feel helped you the most to learn how to examine your own breasts?

I learned from a doctor/nurse/health care professional ☐ 01
 I learned from a volunteer or peer leader ☐ 02
 I learned from reading a book/pamphlet ☐ 03
 I learned from a friend/relative/neighbor ☐ 04
 I learned from watching a video ☐ 05
 Other ☐ 06

Specify: _____
 DON'T KNOW ☐ 98
 REFUSED ☐ 99

Q 4-41 And how often do you examine your own breasts for lumps? **[PROBE FOR APPROX.]**

More than once a month ☐ 01
 Once a month ☐ 02
 3 times a year ☐ 03
 2 times a year ☐ 04
 Once a year ☐ 05
 Never ☐ 06
 Other ☐ 07

Specify: _____
 DON'T KNOW ☐ 98
 REFUSED ☐ 99

SECTION V: BELIEFS AND ATTITUDES ABOUT BREAST CANCER

Now I'm going to ask your opinion about some things. I'm going to read some statements.

Imagine that you're saying these things to yourself and then tell me if you agree or disagree with each of these statements.

	Agree	Disagree	DON'T KNOW	REFUSED
Q 5-1 I find that having my breasts examined by a male doctor is embarrassing.	01	02	98	99
Q 5-2 I find that having my breasts examined by a female doctor is embarrassing.	01	02	98	99
Q 5-3 If doctors find cancer, there's nothing they can do anyway.	01	02	98	99
Q 5-4 If I had cancer, I'd rather not know about it.	01	02	98	99
Q 5-5 Getting cancer is a death sentence for most people.	01	02	98	99
Q 5-6 If someone has breast cancer, the only thing that can be done is to cut off the breast.	01	02	98	99
Q 5-7 I think they will find a cure for cancer.	01	02	98	99
Q 5-8 If more people would get checkups regularly, there would be fewer deaths from cancer.	01	02	98	99
Q 5-9 Mammography can detect cancer before a lump can be felt by me or my doctor.	01	02	98	99
Q 5-10 Since no-one knows what causes cancer, there's really nothing that can be done about it.	01	02	98	99
Q 5-11 People can <u>reduce</u> their chance of getting cancer by leading a healthy life.	01	02	98	99
Q 5-12 If someone gets cancer, it's just their fate, there's nothing you can do about it.	01	02	98	99

Breast Cancer Questionnaire

Q 5-13 Would you please explain, in your own words what you think cancer is?
[RECORD EXACT RESPONSE]

Q 5-16 What do you think would cure cancer? **[RECORD EXACT RESPONSE]**

Q 5-14. What type of foods do you think cause cancer? **[RECORD EXACT RESPONSE]**

Q 5-15 What do you think causes cancer?
[RECORD EXACT RESPONSE]

SECTION VI: PAP SMEAR

Q 6-1 Have you ever heard of a PAP smear?

- Yes ☐ 01
No ☐ 02
DON'T KNOW ☐ 98
REFUSED ☐ 99

In a PAP Smear the nurse or doctor inserts an instrument in your vagina and takes a sample of the cervical cells in your vagina using a small swab. A PAP Smear can find cervical cancer in its early stages.

Q 6-2 Have you ever had a PAP Smear?

- Yes ☐ 01
No ☐ 02 [GO TO Q 6-6]
DON'T KNOW ☐ 98 [GO TO Q 6-6]
REFUSED ☐ 99 [GO TO Q 6-6]

Q 6-3 What is the best estimate of your age when you received your first PAP Smear?

- ____ Years old
DON'T KNOW ☐ 98
REFUSED ☐ 99

Q 6-4 How many PAP Smear have you had in your lifetime?

- # _____
DON'T KNOW/NOT SURE ☐ 98
REFUSED ☐ 99

Q 6-5 When did you have your last PAP Smear?

- 1 year ago ☐ 01
Between 1 to 2 years ago ☐ 02
Between 2 to 3 years ago ☐ 03
More than 3 years ago ☐ 04
Never ☐ 05
DON'T KNOW ☐ 98
REFUSED ☐ 99

Q 6-6 Did you ever REFUSE a PAP Smear when your doctor/health provider offered one to you?

- Yes ☐ 01
No ☐ 02 [GO TO Q 6-8]
DON'T KNOW ☐ 98 [GO TO Q 6-8]
REFUSED ☐ 99 [GO TO Q 6-8]

Q 6-7 Why did you choose not to have the test? (RECORD EXACT RESPONSE)

Q 6-8 Were you ever contacted by a doctor, nurse or other health care worker because of an abnormal result in your PAP Smear?

- Yes ☐ 01
No ☐ 02 [GO TO SECTION VII]
DON'T KNOW ☐ 98 [GO TO SECTION VII]
REFUSED ☐ 99 [GO TO SECTION VII]

Q 6-9 How long ago was this?

- Less than 1 year ago ☐ 01
1-3 years ago ☐ 02
More than 3 years ago ☐ 03
Never ☐ 04
DON'T KNOW ☐ 98
REFUSED ☐ 99

Q 6-10 Did you have a clinic appointment as a result of an abnormal PAP Smear?

- Yes ☐ 01
No ☐ 02 [GO TO SECTION VII]
DON'T KNOW ☐ 98 [GO TO SECTION VII]
REFUSED ☐ 99 [GO TO SECTION VII]

Breast Cancer Questionnaire

Q 6-11 How long did you have to wait to schedule that appointment?

- Less than 1 months ☐ 01
1-3 months ago ☐ 02
More than 3 months
but less than 6 months ☐ 03
More than 6 months ☐ 04
DON'T KNOW ☐ 98
REFUSED ☐ 99

Q 6-12 Did you keep that appointment?

- Yes ☐ 01 **[GO TO SECTION VII]**
No ☐ 02
DON'T KNOW ☐ 98 **[GO TO SECTION VII]**
REFUSED ☐ 99 **[GO TO SECTION VII]**

Q 6-13 If no, what was the reason you did not keep the appointment?

- Lack of transportation ☐ 01
Has been rescheduled ☐ 02
Did not have time
(too busy with work) ☐ 03
Cost too much ☐ 04
Wanted to keep the result
confidential ☐ 05
Afraid of discussing the
result ☐ 06
Other ☐ 07
Specify: _____
DON'T KNOW ☐ 98
REFUSED ☐ 99

SECTION VII: ACCULTURATION AND ATTITUDES**[FOR NATIVE ENGLISH SPEAKERS AND OTHER NON-CREOLE SPEAKERS, GO TO Q 7-14.]***Now I would like to ask you a few questions about the language you use in different situations.**With [READ Q 7-1] would you say you use only English, mostly English, Creole and English, mostly Creole, only Creole, only French, mostly French, or French and Creole? [REPEAT FOR ALL]*

	Only Eng.	Mostly Eng.	Creole/ Eng.	Only Creole	Mostly Creole	Creole/ French	Only French	Mostly French	French/ English	NA	DK	REF
Q 7-1 Your husband or boyfriend/partner	01	02	03	04	05	06	07	08	09	10	98	99
Q 7-2 Close relatives	01	02	03	04	05	06	07	08	09	10	98	99
Q 7-3 Your children or the children living in your household	01	02	03	04	05	06	07	08	09	10	98	99
Q 7-4 Most of your neighbors	01	02	03	04	05	06	07	08	09	10	98	99
Q 7-5 Most of the people at work	01	02	03	04	05	06	07	08	09	10	98	99
Q 7-6 Most of the people where you usually shop	01	02	03	04	05	06	07	08	09	10	98	99
Q 7-7 At family gatherings such as Christmas or other holidays	01	02	03	04	05	06	07	08	09	10	98	99
Q 7-8 Most of your friends	01	02	03	04	05	06	07	08	09	10	98	99

Q 7-9 When you watch TV, are the programs usually in **[READ RESPONSE CATEGORIES]**

English ☐ 01
 Creole ☐ 02
 French ☐ 03
 Other ☐ 04

Specify _____

Don't watch/have TV ☐ 05
 DON'T KNOW ☐ 98
 REFUSED ☐ 99

Q 7-10 When you buy foods, do you go to stores that have Haitian/Caribbean products? **[READ RESPONSE CATEGORIES]**

Always ☐ 01
 Most of the time ☐ 02
 Sometimes ☐ 03
 Never ☐ 04
 DON'T KNOW ☐ 98
 REFUSED ☐ 99

Q 7-11 When you listen to the radio, are the programs usually in **[READ RESPONSE CATEGORIES]**

English ☐ 01
 Creole ☐ 02
 French ☐ 03
 Other ☐ 04

Specify _____

Don't listen to/have a radio ☐ 05
 DON'T KNOW ☐ 98
 REFUSED ☐ 99

Q 7-12 When you read books, magazines or newspaper are they usually in **[READ RESPONSE CATEGORIES]**

English ☐ 01
 Creole ☐ 02
 French ☐ 03
 Other ☐ 04

Specify _____

Don't know how to read ☐ 05
 DON'T KNOW ☐ 98
 REFUSED ☐ 99

Q 7-13 How important to you is it that church services are in your native language? **[READ RESPONSE CATEGORIES]**

Very important ☐ 01
 Somewhat important ☐ 02
 Not very important ☐ 03
 Not at all important ☐ 04
 DON'T KNOW ☐ 98
 REFUSED ☐ 99

Breast Cancer Questionnaire

Earlier, you told me that you identify with (country). Now I'm going to ask your opinion about certain aspects of family life, some of which have to do with your feelings about (country). I'm going to read you some statements. For each statement, please tell me whether you agree strongly; agree somewhat; disagree strongly; disagree somewhat. Are you ready?

	Agree Strngly	Agree Smwht	Disagree Strngly	Disagree Smwht	NA	REF
Q 7-14 It is important for my children to know about the history of	01	02	03	04	05	99
Q 7-15 It is important for my children (or younger relatives) to follow (country's) customs and way of life	01	02	03	04	05	99
Q 7-16 It is important for my children (or younger relatives) to celebrate (country's holidays)	01	02	03	04	05	99
Q 7-17 Knowing my family ancestry or lineage, that is tracing my family tree, is an important part of family life	01	02	03	04	05	99
Q 7-18 It is important to know my cousins, aunts and uncles and to have a close relationship with them	01	02	03	04	05	99
Q 7-19 A person should remember other family members who have passed away on the anniversary of their death, or other special occasions.	01	02	03	04	05	99
Q 7-20 While they are growing up, brothers have a responsibility to protect their sisters.	01	02	03	04	05	99
Q 7-21 While they are growing up, sisters have an obligation to respect their brothers' authority.	01	02	03	04	05	99
Q 7-22 While they are growing up, brothers have an obligation to respect their sisters' authority.	01	02	03	04	05	99
Q 7-23 If they could live anywhere they wanted, married children should live close to their parents so they can help each other	01	02	03	04	05	99

Q 7-24 Who would you go to if you needed to borrow money?

My parents ☐ 01

My brother/sister ☐ 02

The bank ☐ 03

Friend ☐ 04

Other ☐ 05

Specify

DON'T KNOW ☐ 98

REFUSED ☐ 99

Now I'm going to ask a couple of questions about your friends and associates.

Q-7-25 Throughout your adult life, have your neighbors mostly been from {country}, mostly not from {country}, or about equal numbers of each?

Mostly {country} ☐ 01

About equal ☐ 02

Mostly Non {country} ☐ 03

DON'T KNOW ☐ 98

REFUSED ☐ 99

Q-7-26 Throughout your adult life, have your close personal friends been mostly from {country}, mostly non-{country}, or about equal numbers of each?

Mostly {country} ☐ 01

About equal ☐ 02

Mostly Non {country} ☐ 03

DON'T KNOW ☐ 98

REFUSED ☐ 99

SECTION VIII: ALCOHOL CONSUMPTION

The following questions pertain to your use of alcoholic beverages during the past year. A "drink" refers to a can or bottle of beer, a glass of wine, a wine cooler, or 1 cocktail or shot of hard liquor, 1 glass of Kremas, and Kleren.

Q 8-1. How often do you have a drink containing alcohol?
 4 or more times per week ☐ 01
 2-3 times per week ☐ 02
 2-4 times per month ☐ 03
 Monthly ☐ 04
 2-4 times a year ☐ 05
 Never ☐ 06 **[GO TO SECTION IX]**
 DON'T KNOW ☐ 98
 REFUSED ☐ 99

Q 8-2 How many drinks containing alcohol do you have on a typical day when you are drinking?
 More than 10 drinks ☐ 01
 7-9 drinks ☐ 02
 5-6 drinks ☐ 03
 3-4 drinks ☐ 04
 1-2 drinks ☐ 05
 DON'T KNOW ☐ 98
 REFUSED ☐ 99

Q 8-3 How often do you have 6 or more drinks on 1 occasion?
 Daily or almost daily ☐ 01
 Weekly ☐ 02
 Monthly ☐ 03
 More than a month ☐ 04
 Never ☐ 05
 DON'T KNOW ☐ 98
 REFUSED ☐ 99

Q 8-4 How often during the last year have you found that you were not able to stop drinking once you had started?
 Daily or almost daily ☐ 01
 Weekly ☐ 02
 Monthly ☐ 03
 More than a month ☐ 04
 Never ☐ 05
 DON'T KNOW ☐ 98

REFUSED ☐ 99

Q 8-5 How often during the last year have you failed to do what was normally expected from you because of drinking?
 Daily or almost daily ☐ 01
 Weekly ☐ 02
 Monthly ☐ 03
 More than a month ☐ 04
 Never ☐ 05
 DON'T KNOW ☐ 98
 REFUSED ☐ 99

Q 8-6 How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?
 Daily or almost daily ☐ 01
 Weekly ☐ 02
 Monthly ☐ 03
 More than a month ☐ 04
 Never ☐ 05
 DON'T KNOW ☐ 98
 REFUSED ☐ 99

Q 8-7 How often during the last year have you had a feeling of guilt or remorse after drinking?
 Daily or almost daily ☐ 01
 Weekly ☐ 02
 Monthly ☐ 03
 More than a month ☐ 04
 Never ☐ 05
 DON'T KNOW ☐ 98
 REFUSED ☐ 99

Breast Cancer Questionnaire

Q 8-8 How often during the last year have you been unable to remember what happened the night before because you were drinking?

- | | |
|-----------------------|-----------------------------|
| Daily or almost daily | <input type="checkbox"/> 01 |
| Weekly | <input type="checkbox"/> 02 |
| Monthly | <input type="checkbox"/> 03 |
| More than a month | <input type="checkbox"/> 04 |
| Never | <input type="checkbox"/> 05 |
| DON'T KNOW | <input type="checkbox"/> 98 |
| REFUSED | <input type="checkbox"/> 99 |

Q 8-9 Have you or someone else been injured as a result of your drinking?

- | | |
|-------------------------------|-----------------------------|
| Yes, during the past year | <input type="checkbox"/> 01 |
| Yes, but not in the past year | <input type="checkbox"/> 02 |
| No | <input type="checkbox"/> 03 |
| DON'T KNOW | <input type="checkbox"/> 98 |
| REFUSED | <input type="checkbox"/> 99 |

Q 8-10 Has a relative or friend, or a doctor or other health care worker been concerned about your drinking or suggested you cut down?

- | | |
|-------------------------------|-----------------------------|
| Yes, during the past year | <input type="checkbox"/> 01 |
| Yes, but not in the past year | <input type="checkbox"/> 02 |
| No | <input type="checkbox"/> 03 |
| DON'T KNOW | <input type="checkbox"/> 98 |
| REFUSED | <input type="checkbox"/> 99 |

SECTION IX: INTIMATE PARTNER VIOLENCE

Now, I am going to ask you some questions about issues you may have with relationships. Please try and answer them the best that you can. Intimate relationship includes relationship with your husband, boyfriend, and/or fiancé'.

Q 9-1 Have you ever been in a relationship?

Yes ☐ 01

No ☐ 02 **[Go to SECTION X]**

DON'T KNOW ☐ 98

REFUSED ☐ 99

Q 9-2 Have you ever been in a relationship where your partner has pushed or slapped you?

Yes ☐ 01

No ☐ 02

DON'T KNOW ☐ 98

REFUSED ☐ 99

Q 9-3 Have you ever been in a relationship where your partner threatened you with violence?

Yes ☐ 01

No ☐ 02

DON'T KNOW ☐ 98

REFUSED ☐ 99

Q 9-4 Have you ever been in a relationship where your partner has thrown, broken or punched things?

Yes ☐ 01

No ☐ 02

DON'T KNOW ☐ 98

REFUSED ☐ 99

Q 9-5 Have you ever been with a partner who did drugs?

Yes ☐ 01

No ☐ 02 **[GO TO Q 9-7]**

DON'T KNOW ☐ 98 **[GO TO Q 9-7]**

REFUSED ☐ 99 **[GO TO Q 9-7]**

Q 9-6 Did your partner assault you when using drugs?

Never ☐ 01

Some cases ☐ 02

Most cases ☐ 03

All cases ☐ 04

DON'T KNOW ☐ 98

REFUSED ☐ 99

Q 9-7 Have you ever been with a partner who drank?

Yes ☐ 01

No ☐ 02 **[GO TO Sect X]**

DON'T KNOW ☐ 98 **[GO TO Sect X]**

REFUSED ☐ 99 **[GO TO Sect X]**

Q 9-8 Did your partner assault you when drunk?

Never ☐ 01

Some cases ☐ 02

Most cases ☐ 03

All cases ☐ 04

DON'T KNOW ☐ 98

REFUSED ☐ 99

SECTION X: SES and DEMOGRAPHICS

Now we're almost done. I just have a few questions about yourself, so we can know something about the people who helped us by providing information.

Q 10-1 First, what was the highest grade in school you have completed? **[PROBE TO CLARIFY EXACT GRADE IF NECESSARY; circle the answer]**

No schooling 0
 Grade school 1 2 3 4 5 6
 High school 7 8 9 10 11 12
 College 13 14 15 16 17+
 DON'T KNOW 98
 REFUSED 99

Q 10-2 Are you now **[READ RESPONSE CATEGORIES]**

Married ☐ 01
 Living with boyfriend/partner ☐ 02
 Single/never married ☐ 03
 Separated/divorced ☐ 04
 Widowed ☐ 05
 DON'T KNOW ☐ 98
 REFUSED ☐ 99

Q 10-3 Are you now **[READ RESPONSE CATEGORIES]**

Working full time ☐ 01 **[GO TO 10-5]**
 Working part time ☐ 02 **[GO TO 10-5]**
 Unemployed, looking for work ☐ 03
 Retired ☐ 04
 Disabled ☐ 05
 A homemaker, not looking for work ☐ 06
 A full-time student, not looking for work ☐ 07
 You'd like to work, but you've given up looking because you just can't find a job ☐ 08
 DON'T KNOW ☐ 98
 REFUSED ☐ 99

Q 10-4 Have you worked at any time in the past three years?

Yes ☐ 01
 No ☐ 02 **[GO TO Q 10-6]**
 DON'T KNOW ☐ 98 **[GO TO Q 10-6]**
 REFUSED ☐ 99 **[GO TO Q 10-6]**

Q 10-5 What kind of work are (were) you doing? For example, accountant, stock clerk, secretary, social worker, nurses aid, etc.? **RECORD EXACT RESPONSE**

Q 10-6 Are you covered by any health insurance?

Yes ☐ 1
 No ☐ 2 **[GO TO Q 10-8]**
 DON'T KNOW ☐ 8 **[GO TO Q 10-8]**
 REFUSED ☐ 9 **[GO TO Q 10-8]**

Q 10-7 Which of the following types of health insurance are you covered by? **[READ KINDS OF INSURANCE - CHECK ALL THAT APPLY]**

Medicare ☐ 01
 Medicaid or Mass Health/Boston Health Net ☐ 02
 Private Health insurance (HMO or health plan such as Neighborhood Health Plan, Tufts Community Health Plan, HMO Blue, etc.) ☐ 03
 Private Health Insurance that only pays large medical bills. ☐ 04
 Other ☐ 05
 Specify _____
 DON'T KNOW ☐ 98
 REFUSED ☐ 99

**[IF CHECKED CHOICE 1 IN Q 10-6,
SKIP TO Q 10-9]**

Q 10-8 Are you eligible for free care at a community health center or hospital clinic?

- Yes ☐ 01
No ☐ 02
DON'T KNOW ☐ 98
REFUSED ☐ 99

Q 10-9 As far as you know, does your insurance pay for mammograms? Does it pay all of the cost of a mammogram, part of the cost of a mammogram, or not pay for mammograms at all?

- Insurance pays all of the cost ☐ 01
Insurance pays part of the cost ☐ 02
Insurance doesn't cover mammogram ☐ 03
DON'T KNOW ☐ 98
REFUSED ☐ 99

Q 10-10 What is your religion? Is it Catholic, Pentecostal, Protestant, Muslim, Jehovah's Witness, Seventh Day Adventist, Voodoo, some other religion, or no religion?

- Catholic ☐ 01
Pentecostal ☐ 02
Protestant (Methodist, Lutheran, Presbyterian) ☐ 03
Baptist ☐ 04
Muslim ☐ 05
Jehovah's Witness ☐ 06
7th Day Adventist ☐ 07
Voodoo ☐ 08
Other ☐ 09

- Specify: _____
None ☐ 10
DON'T KNOW ☐ 98
REFUSED ☐ 99

Q 10-11 How many people live in your household with you, including yourself? **[FOR PERSON LIVING ALONE, ENTER '1'; FOR PERSON LIVING WITH ONE OTHER PERSON, ENTER '2', ETC.]**

- # of people _____
DON'T KNOW ☐ 98
REFUSED ☐ 99

Q 10-12 In what year were you born?

- Year: 19 _____
DON'T KNOW ☐ 98
REFUSED ☐ 99

Q 10-13 How old are you?

- Age: _____
DON'T KNOW ☐ 98
REFUSED ☐ 99

Q 10-14 How much was the total combined income from all the people living in your household in 1999? I don't need to know the exact amount. Was it **[READ RESPONSE CATEGORIES]**

- Less than \$5,000 ☐ 01 **[GO TO END]**
\$5,000 or more, but less than \$10,000 ☐ 02 **[GO TO END]**
\$10,000 or more, but less than \$20,000 ☐ 03 **[GO TO END]**
\$20,000 or more, but less than \$30,000 ☐ 04 **[GO TO END]**
\$30,000 or more, but less than \$40,000 ☐ 05 **[GO TO END]**
\$40,000 or more, but less than \$50,000 ☐ 06 **[GO TO END]**
\$50,000 or more, but less than \$75,000 ☐ 07 **[GO TO END]**
\$75,000 or more ☐ 08 **[GO TO END]**
DON'T KNOW ☐ 98 **[GO TO END]**
REFUSED ☐ 99 **[GO TO END]**

Breast Cancer Questionnaire

END: Thank you for being so helpful. My supervisor may want to make sure that everything went well with this interview. May I have your phone number in case she wants to call?

Phone Number _____

- **PROVIDE EDUCATIONAL MATERIALS**
- **ANSWER ALL QUESTIONS**

Also, if you would like to know more about breast cancer, you may call her. Her name is Linda Ko, and you may call her at (617) 414-6919. You may also call Jean-Robert Boursind at (617) 414-7702.

[REMEMBER TO RECORD ALL OF THE NECESSARY INFORMATION ON THE TRACKING FORM AND ON THE QUESTIONNAIRE.]

Would you like to see the results of this study

Yes ☐

No ☐

DO THE TRACKING NUMBERS ON TRACKING FORM AND QUESTIONNAIRE MATCH?

Thank you!

Property of Haitian Health Institute

Subject ID#: _____

Block ID: _____

Address: _____

Interviewer: _____

Interview Date: _____ Time: _____

Haitian Breast Cancer Beliefs Study

Questionnaire

Year 1

Creole Version

Questfin.doc

6/15/00

Breast Cancer Questionnaire

DEKLARASYON POU REVELASYON / FOM POU KONSANTMAN

Alo, mwen rele [_____]. Mwen ap travay pou "Haitian Health Institute" ki nan lopital "Boston Medical Center." N ap pale avèk fanm nan katye kote ou rete a sou swen sante yo ak kèk lide ansanm ak enpresyon yo genyen sou kesyon sante, pami yo kansè nan tete. Rezon ki fè n ap fè rechèch sa a, se pou nou kapab jwenn enfòmasyon k ava ede nou amelyore swen sante pou fanm. N ap pale avèk ou, paske etan fanm, nou konnen ou se pi bon sous enfòmasyon sou kesyon sa a.

Entèvyou a ap dire anviwon 40 minit. Pou patisipasyon ou, n ap ba ou [\$10.00] kòm rekonpans pou tan ou ak jefò ou. Patisipasyon ou se yon bagay k ap fèt sou yon baz volontè, epi ou pa oblije reponn okenn kesyon ou pa vle reponn. Tout sa ki konsène ou, tankou non ou, adrès lakay ou, ak tout bagay ou gen pou di ap rete konplètman konfidansyèl, ant mwen menm ak ou. Repons ou bay yo ap gen pou yo melanje avèk repons plizyè santèn lòt fanm ap gen pou bay epi pèsòn lòt moun apre mwenmenm pa p konnen ki moun ki bay repons patikilye sa yo ou pral bay la. Tanpri mete ou alèz pou pale jan ou vle, epi rete m pou mande m pou m repete nenpòt kesyon ou pa konprann. Ou lib pou mande m nenpòt kesyon, epi m ap make yo sou papyè pou m kapab reponn yo pou ou apre nou fini avèk entèvyou a.

Eske ou pa gen pwoblèm pou m kontinye avèk entèvyou a koulè a?

TANPRI TYEKE:

[] Wi

[] Non

Mwen pral mande ou yon seri kesyon. Pou pi fò ladan yo, ou ap jwenn plizyè repons. Tanpri chwazi repons ou santi ou pi dakò avèk li a pou chak kesyon. Mèsi. An nou kòmanse.

PREMYE SEKSYON: ANVIWONMAN KOMINOTE, LANG AK KILTI

Koulye a mwen bezwen mande ou
kèk kesyon ki gen rapò avèk oumenm

Q 1-1 Nan ki peyi ou te fèt?

Zile nan Karayib yo

- "Bahamas" ☐ 01
- Babedòs ☐ 02
- Bèmida ☐ 03
- Kiba ☐ 04
- Sen Domeng ☐ 05
- Lagrenad ☐ 06
- Gwadeloup ☐ 07
- Ayiti ☐ 08
- Jamayik ☐ 09
- Matinik ☐ 10
- Monserat ☐ 11
- Pòtoriko ☐ 12
- Trinidad ☐ 13
- Il Vyèj ☐ 14

Lafrik

- Lafrik ☐ 15
- Kep Vè ☐ 16
- Gana ☐ 17
- Kotdivwa ☐ 18
- Nijerya ☐ 19
- Senegal ☐ 20

Amerik Zòn Nò

- Etazini ☐ 21 [ALE NAN 1-7]
- Meksik ☐ 22

Amerik Zòn Sid

- Brezil ☐ 23
- Kolonbi ☐ 24
- Kostarika ☐ 25
- Salvadò ☐ 26
- Gwatemala ☐ 27
- Ondiras ☐ 28

Lewòp

- Angletè ☐ 29
- Lafrans ☐ 30
- Iland ☐ 31
- Lòt peyi ☐ 32

Presize _____

MWEN PA KONNEN ☐ 98

MWEN REFIZE REPONN ☐ 99

Breast Cancer Questionnaire

Q 1-2 Nan ki peyi ou te pase plis tan ap viv
pandan ou t ap grandi (lè ou te timoun?)

Zile nan Karayib yo

- "Bahamas" ☐ 01
- Babedòs ☐ 02
- Bèmida ☐ 03
- Kiba ☐ 04
- Sen Domeng ☐ 05
- Lagrenad ☐ 06
- Gwadeloup ☐ 07
- Ayiti ☐ 08
- Jamayik ☐ 09
- Matinik ☐ 10
- Monserat ☐ 11
- Pòtoriko ☐ 12
- Trinidad ☐ 13
- Il Vyèj ☐ 14

Lafrik

- Lafrik ☐ 15
- Kep Vè ☐ 16
- Gana ☐ 17
- Kotdivwa ☐ 18
- Nijerya ☐ 19
- Senegal ☐ 20

Amerik Zòn Nò

- Etazini ☐ 21
- Meksik ☐ 22

Amerik Zòn Sid

- Brezil ☐ 23
- Kolonbi ☐ 24
- Kostarika ☐ 25
- Salvadò ☐ 26
- Gwatemala ☐ 27
- Ondiras ☐ 28

Lewòp

- Angletè ☐ 29
- Lafrans ☐ 30
- Iland ☐ 31
- Lòt peyi ☐ 32

Presize _____

MWEN PA KONNEN ☐ 98

MWEN REFIZE REPONN ☐ 99

Q 1-3 Nan ki ane ou te antre vin viv
Ozetazini pou lapremyè fwa?
(Nan yon eta ki pa Pòtoriko)

19 ____ **[ALE NAN Q 1-5]**
MWEN PA KONNEN [] 98
MWEN REFIZE REPONN [] 99

Q 1-4 Ki pi bon estimet ou kapab fè
Sou konbyen ane ou genyen ap viv
Nan kontinen Ameriken an?
#Ane ____
MWEN PA KONNEN [] 98
MWEN REFIZE REPONN [] 99

Q 1-5 Depi premye fwa ou te vin rete
Ozetazini an, eske ou pa jamè retounen
Nan peyi ou te fèt la pou al viv pandan
Nenpòt period tan?

Wi [] 01
Non [] 02 **[ALE NAN 1-7]**
MWEN PA KONNEN [] 98
MWEN REFIZE REPONN [] 99

Q 1-6 Ki pi bon estimet ou kapab fè sou
Kantite ane ou pase ap viv Ozetazini depi
Premye fwa ou te vin rete pou viv isit, san
Ou pa konte tan lè ou te retounen al viv nan
Peyi ou te fèt la?
#Ane ____
MWEN PA KONNEN [] 98
MWEN REFIZE REPONN [] 99

Q 1-7 Nan ki peyi manman ou te fèt?
Zile nan Karayib yo

“Bahamas” [] 01
Babedòs [] 02
Bèmida [] 03
Kiba [] 04
Sen Domeng [] 05
Lagrenad [] 06
Gwadeloup [] 07
Ayiti [] 08
Jamayik [] 09
Matinik [] 10
Monserat [] 11
Pòtoriko [] 12
Trinidad [] 13
Il Vyèj [] 14

Lafrik
Lafrik [] 15
Kep Vè [] 16
Gana [] 17
Kotdivwa [] 18
Nijerya [] 19
Senegal [] 20

Amerik zòn Nò
Etazini [] 21
Meksik [] 22

Amerik zòn Sid
Brezil [] 23
Kolonbi [] 24
Kostarika [] 25
Salvadò [] 26
Gwatemala [] 27
Ondiras [] 28

Lewòp
Angletè [] 29
Lafrans [] 30
Iland [] 31
Lòt peyi [] 32
Presize _____

MWEN PA KONNEN [] 98
MWEN REFIZE REPONN [] 99

Q 1-8 Nan ki peyi papa ou te fèt?

Zile nan Karayib yo

"Bahamas"	[] 01
Babedòs	[] 02
Bèmida	[] 03
Kiba	[] 04
Sen Domeng	[] 05
Lagrenad	[] 06
Gwadeloup	[] 07
Ayiti	[] 08
Jamayik	[] 09
Matinik	[] 10
Monserat	[] 11
Pòtoriko	[] 12
Trinidad	[] 13
Il Vyèj	[] 14

Lafrik

Lafrik	[] 15
Kep Vè	[] 16
Gana	[] 17
Kotdivwa	[] 18
Nijerya	[] 19
Senegal	[] 20

Amerik zòn Nò

Etazini	[] 21
Meksik	[] 22

Amerik zòn Sid

Brezil	[] 23
Kolonbi	[] 24
Kostarika	[] 25
Salvadò	[] 26
Gwatemala	[] 27
Ondiras	[] 28

Lewòp

Angleter	[] 29
Lafrans	[] 30
Iland	[] 31
Lòt peyi	[] 32

Presize _____

MWEN PA KONNEN [] 98

MWEN REFIZE REPONN [] 99

Q 1-9 Ki premye lang ou te aprann pale lè ou t ap grandi?

Kreyòl	[] 01
Franse ak Kreyòl ansanm	[] 02
Angle ak Kreyòl ansanm	[] 03
Franse	[] 04
Angle	[] 05
Lòt lang	[] 06

Presize _____

MWEN PA KONNEN [] 98

MWEN REFIZE REPONN [] 99

Q 1-10 Ki jan ou dekri nasionalite ou (Read Response categories)

(Patisipan an kapab chwazi plis pase yon sèl repons)

Ayisyen	[] 01
Ayisyen Ameriken	[] 02
Afriken	[] 03
Afriken Ameriken	[] 04
Jamayiken	[] 05
Trinidadyen	[] 06
Grenadyen	[] 07
Kep Vèdyen	[] 08
Panyòl oubyen "Latino"	[] 09
Brezilyen	[] 10
Blan ki pa Panyòl	[] 11
Vyètnamyen	[] 12
Kanbodyen	[] 13
Chinwa	[] 14
Italyen	[] 15
Natif Ameriken	[] 16
Juif	[] 17
Ilandè	[] 18
Arab	[] 19
Lòt gwoup	[] 20

Presize _____

MWEN PA KONNEN [] 98

MWEN REFIZE REPONN [] 99

Q 1-11 Kòman ou defini ras ou?Eske ou ta di ou ... **(READ RESPONSE****CATEGORIES)**Nwa ☐ 01Endyen Ameriken, ☐ 02Eskimo, ak "Aleut" ☐ 03Ou sot nan yon zile ☐ 04Blan ☐ 05Lòt ras ☐ 05

Presize _____

MWEN PA KONNEN ☐ 98MWEN REFIZE REPONN ☐ 99**Q 1-12 Epi, ki peyi ou konsidere**

Kòm premye oubyen peyi ki pi

Enpòtan kote orijin ou ye, oubyen

Peyi ou plis idantifye tèt ou avèk li?

Zile nan Karayib la"Bahamas" ☐ 01Babedòs ☐ 02Bèmida ☐ 03Kiba ☐ 04Sen Domeng ☐ 05Lagrenad ☐ 06Gwadeloup ☐ 07Ayiti ☐ 08Jamayik ☐ 09Martinik ☐ 10Monserat ☐ 11Pòtoriko ☐ 12Trinidad ☐ 13Il Vyèj ☐ 14**Lafrik**Lafrik ☐ 15Kep Vè ☐ 16Gana ☐ 17Kotdivwa ☐ 18Nijerya ☐ 19Senegal ☐ 20**Amerik zòn Nò**Etazini ☐ 21Meksik ☐ 22**Q 1-12 kontinye****Amerik zòn Sid**Brezil ☐ 23Kolonbi ☐ 24Kostarika ☐ 25Salvadò ☐ 26Gwatemala ☐ 27Ondiras ☐ 28**Lewòp**Angleter ☐ 29Lafrans ☐ 30Iland ☐ 31Lòt peyi ☐ 32

Presize _____

MWEN PA KONNEN ☐ 98MWEN REFIZE REPONN ☐ 99

DEZYEM SEKSYON: SITIYASYON SANTE AK LISTWA KANSE NAN TETE
AK KANSE NAN KOL MATRIS

Koulye a mwen pral mande ou kèk kesyon sou
 Sante ou ak swen sante ou resevwa.

Q 2-1 Lè ou konpare tèt ou avèk lòt fanm menm
 Laj avèk ou, eske ou ta di kondisyon sante ou
[Read Response Categories]

Ekselan ☐ 01
 Trè bon ☐ 02
 Bon ☐ 03
 Pasab ☐ 04
 Pòv ☐ 05
 MWEN PA KONNEN ☐ 06
 MWEN REFIZE REPONN ☐ 07

Q 2-2 Eske ou jamè tande enfòmasyon sou
 Kansè nan tete?

Wi ☐ 01
 Non ☐ 02 **[Ale nan Q 2-14]**
 MWEN PA KONNEN ☐ 98
 MWEN REFIZE REPONN ☐ 99

Q 2-3 Ki kalite sentòm ou panse moun
 Ki gen kansè nan tete yo genyen? **[Subject**
May choose more than one choice]

Doulè nan tete l ☐ 01
 Tete l chanje koulè ☐ 02
 Tete l gen boul ☐ 03
 Tete l vin pi gwo ☐ 04
 Tete l vin pi piti ☐ 05
 Tete l gen bagay k ap sòti la
 Dan l ☐ 06
 Se pa youn nan sentòm yo ☐ 07
 Lòt kalite sentòm ☐ 08
 Presize _____
 MWEN PA KONNEN ☐ 98
 MWEN REFIZE REPONN ☐ 99

Q 2-4 Nan ki okazyon ou te premye
 Tande enfòmasyon sou kansè nan
 Tete? **[Read Response Categories]**

Pwogram Radyo ☐ 01
 Pwogram Televizyon ☐ 02
 Nan legliz ☐ 03
 Nan lekòl ☐ 04
 Nan Sant Kominotè ☐ 05
 Nan bouch yon fanmi ☐ 06
 Nan bouch zanmi ☐ 07
 Doktè/Enfimyè ☐ 08
 Edikasyon sante ki te vin
 lakay mwen ☐ 09
 Lòt kote ☐ 10

Presize _____
 MWEN PA KONNEN ☐ 98
 MWEN REFIZE REPONN ☐ 99

Q 2-5 Eske doktè pa jamè dekouvri
 kansè nan tete ou?

Wi ☐ 01
 Non ☐ 02 **[Ale nan Q2-8]**
 MWEN
 PA KONNEN ☐ 98 **[Ale nan Q2-8]**
 MWEN
 REFIZE
 REPONN ☐ 99 **[Ale nan Q2-8]**

Q 2-6 Konbyen tan sa genyen depi
 doktè te aprann ou ou gen kansè nan
 tete? **[Read Response Categories]**

Sa poko gen 6 mwa ☐ 01
 Sa gen ant 6 mwa ak yon lane ☐ 02
 Kantite ane _____ ☐ 03
 MWEN PA KONNEN ☐ 98
 MWEN REFIZE REPONN ☐ 99

Q 2-7 Eske ou te suiv kèk tretman
 oubyen ou te fè operasyon apre doktè
 te fin dekouvri kansè nan tete ou la?

Wi ☐ 01
 Non ☐ 02
 MWEN PA KONNEN ☐ 98
 MWEN REFIZE REPONN ☐ 99

Breast Cancer Questionnaire

Q 2-8 Eske doktè te jwenn manman ou Genyen kansè nan tete?

Wi ☐ 01
Non ☐ 02 [Ale nan Q 2-10]
MWEN PA KONNEN ☐ 98 [Ale nan Q2 10]
MWEN REFIZE REPONN ☐ 99
[Ale nan Q 2-10]

Q 2-9 Anviwon konbyen tan sa genyen Depi ou te aprann manman ou te gen Kansè nan tete?

Sa poko gen yon ane ☐ 01
#Ane _____
MWEN PA KONNEN ☐ 98
MWEN REFIZE REPONN ☐ 99

Q 2-10 Eske ou jamè genyen yon Sè ki te dekouvri li genyen kansè Nan tete?

Wi ☐ 01
Non ☐ 02 [Ale nan Q 2-12]
MWEN PA KONNEN ☐ 98 [Ale nan Q 2-12]
MWEN REFIZE
REPONN ☐ 99 [Ale nan Q2-12]

Q 2-11 Anviwon konbyen tan sa genyen Depi ou te aprann youn nan sè ou yo gen Kansè nan tete?

Sa poko gen yon lane ☐ 01
#Ane _____
MWEN PA KONNEN ☐ 98
MWEN REFIZE REPONN ☐ 99

Q 2-12 Eske ou genyen okenn lòt Fanmi ou, yon bon zanmi oubyen Yon konesans ou ki te dekouvri Li gen kansè nan tete?

Wi ☐ 01
Non ☐ 02 [Ale nan Q 2-14]
MWEN PA
KONNEN ☐ 98 [Ale nan Q2-14]
MWEN REFIZE
REPONN ☐ 99 [Ale nan Q2-14]

Q 2-13 Anviwon konbyen tan sa genyen Depi ou te aprann pou lapremyè fwa yon lòt fanmi oubyen zanmi gen kansè nan tete?

Sa poko gen yon lane ☐ 01
#Ane _____
MWEN PA KONNEN ☐ 98
MWEN REFIZE REPONN ☐ 99

Q 2-14 Eske ou jamè tande pale sou kansè nan matris?

Wi ☐ 01
Non ☐ 02 [Ale nan Q 2-25]
MWEN PA KONNEN ☐ 98
MWEN REFIZE REPONN ☐ 99

Q 2-15 Kòman ou te fè rive tande pale pou lapremyè fwa sou kansè nan matris? [Read Response Categories]

Pwogram radyo ☐ 01
Pwogram Televizyon ☐ 02
Legliz ☐ 03
Lekòl ☐ 04
Sant Kominotè ☐ 05
Yon fanmi ☐ 06
Zanmi ☐ 07
Doktè/Enfimyè ☐ 08
Edikasyon sante ki vin lakay
Ou ☐ 09
Lòt rezon ☐ 10
Presize _____
MWEN PA KONNEN ☐ 98
MWEN REFIZE REPONN ☐ 99

Q 2-16 Eske doktè jamè dekouvri ou gen kansè nan matris?

Wi ☐ 01
Non ☐ 02 [Ale nan Q 2-19]
MWEN PA KONNEN ☐ 98
[Ale nan Q 2-19]
MWEN REFIZE REPONN ☐ 99
[Ale nan Q 2-19]

Q 2-17 Anviwon konbyen tan sa genyen
Depi ou te aprann ou gen kansè nan matris?

[Read Response Categories]

Sa poko gen yon ane ☐ 01
Sa gen ant 6 mwa ak yon ane ☐ 02
Kantite ane _____ ☐ 03
MWEN PA KONNEN ☐ 98
MWEN REFIZE REPONN ☐ 99

Q 2-18 Eske ou te suiv okenn tretman
Oubyen ou te fè operasyon apre ou te
Fin Dekouvri ou gen kansè nan
Matris ou?

Wi ☐ 01
Non ☐ 02
MWEN PA KONNEN ☐ 98
MWEN REFIZE REPONN ☐ 99

Q 2-19 Eske doktè jamè dekouvri
Manman ou gen kansè nan Matris li?
Wi ☐ 01

Non ☐ 02 [Ale nan Q 2-21]
MWEN PA KONNEN ☐ 98
[Ale nan Q 2-21]
MWEN REFIZE REPONN ☐ 99
[Ale nan Q 2-21]

Q 2-20 Anviwon konbyen tan sa
Genyen depi ou te aprann manman
Ou genyen kansè nan matris li?

Sa poko gen yon ane ☐ 01
#Ane _____
MWEN PA KONNEN ☐ 98
MWEN REFIZE REPONN ☐ 99

Q 2-21 Eske ou jamè gen yon sè
Ou ki dekouvri li genyen kansè
Nan matris li?

Wi ☐ 01
Non ☐ 02
[Ale nan Q 2-23]
MWEN PA KONNEN ☐ 98
[Ale nan Q 2-23]
MWEN REFIZE REPONN ☐ 99
[Ale nan Q 2-23]

Q 2-22 Anviwon konbyen tan sa
Genyen depi ou te aprann pou
lapremyè fwa youn nan sè ou yo
te gen kansè nan matris?

Sa poko gen yon ane ☐ 01
#Ane _____
MWEN PA KONNEN ☐ 98
MWEN REFIZE REPONN ☐ 99

Q 2-23 Eske okenn lòt fanmi ou, bon
zanmi oubyen konesans pa jamè
dekouvri li gen kansè nan matris?

Wi ☐ 01
Non ☐ 02 [Ale Q 2-25]
MWEN PA KONNEN ☐ 98
[Ale nan Q 2-25]
MWEN REFIZE REPONN ☐ 99
[Ale nan Q 2-25]

Q 2-24 Anviwon konbyen tan sa
Genyen depi ou te premye aprann
yon lòt fanmi ou oubyen zanmi ou
Gen kansè nan matris?

Sa poko gen yon ane ☐ 01
#Ane _____
MWEN PA KONNEN ☐ 98
MWEN REFIZE REPONN ☐ 99

Q 2-25 Eske genyen yon kote ou ale
òdinèman pou jwenn swen medikal
si ou malad oubyen si ou genyen yon
Pwoblèm sante?

Wi ☐ 01 [Ale nan Q2-28]
Non ☐ 02 [Ale nan Q2-26]
Genyen plis pase
yon kote ☐ 03 [Ale nan Q2-27]
MWEN PA KONNEN ☐ 98
[Ale nan Q2-27]
MWEN REFIZE REPONN ☐ 99
[Ale nan Q2- 27]

Q 2-26 Ki es nan tout rezon ki
mansyone pi ba yo ki se prensipal
rezon ki fè ou pa gen yon kote
patikilye oubyen yon moun patikilye
ou abitye ale? **[Read Response
Categories]**

Q 2-26 (continued)

Ou genyen 2 oubyen plis doktè

Oubyen plis kote [] 01

Ou pa t genyen/ ou

Pa genyen yon doktè [] 02

[Ale nan Q 2-45]

Doktè ou te genyen an pa disponib

Ankò [] 03

[Ale nan Q 2-45]

Pa t genyen swen disponib [] 04

[Ale nan Q2-45]

Kote k gen swen an te

twò lwen [] 05

[Ale nan Q2-45]

Mwen pa t kapab jwenn

Doktè mwen panse ki byen

An [] 06

[Ale nan Q2-45]

Mwen pa t ka peye [] 07

[Ale nan Q2-45]

Mwen pa janm malad/Mwen

Pa bezwen wè doktè [] 08

[Ale nan Q2-45]

Mwen pa gen yon kote

pou m ale [] 09

[Ale nan Q2-45]

Lòt rezon [] 10

[Ale nan Q2-45]

Presize _____

MWEN PA KONNEN [] 98

[Ale nan Q2-45]

MWEN REFIZE REPONN [] 99

[Ale nan Q2-45]

Q 2-27 Eske genyen youn nan

Kote sa yo ou ale pi souvan lè ou
Malad?

Wi [] 01

Non [] 02

MWEN PA KONNEN [] 98

MWEN REFIZE REPONN [] 99

Q 2-28 Ki kalite kote l ye? [Read
Response Categories]

Doktè Prive [] 01

Sal "Emergency" lopital [] 02

"Urgent Care" [] 03

Klinik nan yon lopital pou

moun mache vin pran swen [] 04

Santsante kominotè/

Klinik sante piblik [] 05

"HMO" oubyen klinik prive [] 06

Nan men moun ki bay lòt fòm

tretman (remèd fèy, lapriyè,

akiponkti, fèy, elatriye) [] 07

Lòt kote _____

MWEN PA KONNEN [] 98

MWEN REFIZE REPONN [] 99

Q 2-29 Anviwon konbyen tan li

pran ou pou ale nan kote sa a

(Place in Q2-28)?

[PROBE FOR approx.]

_____ minit

MWEN PA KONNEN [] 98

MWEN REFIZE REPONN [] 99

Q 2-30 Yon fwa ou fin rive kote sa a

(Place in Q2-28) konbyen tan

òdinèman ou oblije rete tann avan ou

jwenn swen medical? [Probe for

Approx.]

_____ minit

MWEN PA KONNEN [] 98

MWEN REFIZE REPONN [] 99

Q 2-31 Eske genyen yon doktè

patikilye ou abitye wè kote sa a

(Place in Q2-28)?

Wi [] 01

Non [] 02 [Ale nan Q2-33]

MWEN PA KONNEN [] 98

[Ale nan Q2-33]

MWEN REFIZE REPONN [] 99

[Ale nan Q2-33]

Breast Cancer Questionnaire

Q 2-32 Konbyen tan ou genyen depi
Ou ap wè moun sa a?

Sa poko gen 6 mwa ☐ 01
Ant 6 mwa ak yon ane ☐ 02
Ant youn ak 3 ane ☐ 03
Sa gen plis pase 3 ane ☐ 04
MWEN PA KONNEN ☐ 98
MWEN REFIZE REPONN ☐ 99

Q 2-33 Ki dènye fwa ou te ale kote
Sa a? **[Probe For Approx.]**

Sa poko gen 6 mwa ☐ 01
Ant 6 mwa ak yon ane ☐ 02
Ant youn ak 3 ane ☐ 03
Sa gen plis pase 3 ane ☐ 04
MWEN PA KONNEN ☐ 98
MWEN REFIZE REPONN ☐ 99

Q 2-34 Lè ou al kay doktè, eske
Ou abitye wè: **[Read Response**

Categories]

Yon Enfimye ☐ 01
Yon doktè ☐ 02
Tou De ☐ 03
Lòt moun ☐ 04
Presize _____
MWEN PA KONNEN ☐ 98
MWEN REFIZE REPONN ☐ 99

**[FOR RESPONDENTS WHOSE FIRST
LANGUAGE IS NOT ENGLISH,
CONTINUE WITH 2-35; FOR
RESPONDENTS WHOSE FIRST
LANGUAGE IS ENGLISH, SKIP
QUESTIONS 2-35 TO 2-41; REFER
TO Q 1-9 FOR RESPONDENTS' FIRST
LANGUAGE]**

Ou te di m premye lang ou te aprann
Pale, se te (language), eske se sa?

Q 2-35 Epi eske gen moun nan (place
In 2-28) ki pale (language)?

Wi ☐ 01
Non ☐ 02 **[Ale nan Q 2-40]**
MWEN PA KONNEN ☐ 98 **[Ale nan Q 2-40]**

Q 2-36 Eske resepsyonis lan /
anplwaye biwo yo pale (language)?

Byen ☐ 01
Enpe ☐ 02
Ditou ☐ 03
Pa gen resepsyonis ☐ 04
MWEN PA KONNEN ☐ 98
MWEN REFIZE REPONN ☐ 99

Q 2-37 Eske entèprèt yo pale (the
language)? **[Read Response**

Categories]

Byen ☐ 01
Enpe ☐ 02
Ditou ☐ 03
Pa gen entèprèt ☐ 04
MWEN PA KONNEN ☐ 98
MWEN REFIZE REPONN ☐ 99

Q 2-38 Eske doktè yo pale (the
language)? **[Read Response**

Categories]

Byen ☐ 01
Enpe ☐ 02
Ditou ☐ 03
Pa gen doktè ☐ 04
MWEN PA KONNEN ☐ 98
MWEN REFIZE REPONN ☐ 99

Q 2-39 Eske enfimye yo pale (the
language)? **[Read Response**

Categories]

Byen ☐ 01
Enpe ☐ 02
Ditou ☐ 03
Pa gen enfimye ☐ 04
MWEN PA KONNEN ☐ 98
MWEN REFIZE REPONN ☐ 99

Q 2-40 Nan ki pwen ou panse l
Enpòtan pou ou lè moun k ap ba ou
swen an pale (respondent's 1st
Language): **[Read Response**

Categories]

Trè enpòtan ☐ 01

MWEN REFIZE REPONN [] 99 [Ale nan Q 2-40]

Q 2-40 (Continued)

Yon ti jan enpòtan [] 02

Pa trè enpòtan [] 03

Pa enpòtan ditou [] 04

MWEN PA KONNEN [] 98

MWEN REFIZE REPONN [] 99

Q 2-41 Nan ki pwen ou panse l

Enpòtan pou ou lè lòt moun ki

Nan biwo a oubyen nan klinik

lan pale (language): [Read

Response Categories]

Trè enpòtan [] 01

Yon ti jan enpòtan [] 02

Pa trè enpòtan [] 03

Pa enpòtan ditou [] 04

MWEN PA KONNEN [] 98

MWEN REFIZE REPONN [] 99

Koulye a mwen mande ou kèk

Kesyon sou doktè ou la. Se yon

Moun ki genyen yon diplòm

Doktè.

Q 2-42 Eske doktè ou la [Read

Response Categories]

(Ethnicity) [] 01

(Non-Ethnicity) [] 02

MWEN PA KONNEN [] 98

MWEN REFIZE REPONN [] 99

Q 2-43 Eske doktè ou la se [Read

Response Categories]

Fanm [] 01

Gason [] 02

MWEN PA KONNEN [] 98

MWEN REFIZE REPONN [] 99

Q 2-44 Nan ki pwen ou te satisfè

Avèk sèvis ou te jwenn nan dènye

Fwa ou te ale pou te resevwa swen

Medikal? Eske ou te... [Read

Response Categories]

Trè satisfè [] 01

Yon ti jan satisfè [] 02

Yon ti jan pa satisfè [] 03

Mwen preske pa t satisfè menm [] 04

Q 2-44 (CONTINUED)

MWEN PA KONNEN [] 98

MWEN REFIZE REPONN [] 99

Q 2-45 Chak kilè ou ale ka doktè

oubyen nan yon klinik pou tyekòp,

Menm si ou pa santi ou malad

oubyen ou pa genyen yon pwoblèm

patikilye oubyen kesyon sou

sante ou? Eske se: [Read Response

Categories]

Plis pase yon fwa chak ane [] 01

Yon fwa chak ane [] 02

Yon fwa chak 2 zan [] 03

Mwens pase yon fwa chak 2 zan [] 04

Jamè, ou ale kay doktè sèlman

si ou santi ou malad oubyen ou

genyen yon pwoblèm sante [] 05

MWEN PA KONNEN [] 98

MWEN REFIZE REPONN [] 99

DEZYEM SEKSYON:

LOT KALITE GERIZON

*Anpil moun rezoud kèk pwoblèm
Medical lakay yo, oubyen tou yo
Itilize remèd tradisyonèl yo leve
Jwenn nan kilti lakay yo. Nou ta
Renmen gen enfòmasyon sou kèk
Lòt fason ou kapab genyen pou
Fè fas avèk pwoblèm sante.*

Q 3-1 Eske ou itilize te, fèy
Oubyen remèd tradisyonèl kilti
Lakay ou?

Wi ☐ 01

Non ☐ 02 [Ale nan Q3-8]

MWEN PA KONNEN ☐ 98

[Ale nan Q3-6]

MWEN REFIZE REPONN ☐ 99

[Ale nan Q3-6]

Q 3-2 Ki dènye fwa ou te itilize
[te, fèy, remèd andedan lakay]?

Probe for Approx. Time]

Sa poko gen yon mwa ☐ 01

Sa gen plis pase yon mwa,

Men li poko gen 3 mwa ☐ 02

Sa gen plis pase 3 mwa,

Men li poko gen 6 mwa ☐ 03

Sa gen plis pase 6 mwa,

Men li poko gen yon ane ☐ 04

Sa gen plis pase yon ane ☐ 05

Jamè ☐ 06

MWEN PA KONNEN ☐ 07

MWEN REFIZE REPONN ☐ 08

Q 3-3 Ki sa ki te rezon/pwoblèm
Nan?

[RECORD EXACT RESPONSE]

Q 3-4 Ki sa ou te pran? **[Record
Exact Response]**

Q 3-5 Kòman ou fè konnen ki kalite
Te, zèb oubyen lòt remèd kilti lakay
Ou pou pran?

**[Response Categories: Choose the
Best Answer]**

* Yon manm nan fanmi m konnen

remèd yo ☐ 01

* Vwazen m te di mwen ☐ 02

* Mwen konnen remèd yo ☐ 03

* Yon zanmi konnen remèd yo ☐ 04

* Mwen te li nan yon liv ☐ 05

* Mwen te jwenn konsèy nan
yon boutik yo vann bagay
pou sante ☐ 06

* Mwen te tande enfòmasyon
sou sa nan radyo ☐ 07

* Mwen te tande lòt moun ap
pale de li ☐ 08

* Lòt kote ☐ 09

* Presize _____

MWEN PA KONNEN ☐ 98

MWEN REFIZE REPONN ☐ 99

Q 3-6 Pou kenbe sante ou anfòm,
Menm lè ou santi ou byen, eske ou
prefere itilize:

Sipleman oksidantal yo
(Ekzanp Vitamin) ☐ 01

Te, fèy, oubyen remèd
tradisyonèl kilti lakay ou ☐ 02

Tou de ☐ 03

Ni youn ni lòt ☐ 04

MWEN PA KONNEN ☐ 98

MWEN REFIZE REPONN ☐ 99

Q3-7 Si ou itilize lòt kalite fòm
Tretman, eske ou di doktè ki
Pratike medsin oksidantal yo sa?
Wi ☐ 01
Non, paske m pè pou doktè
A pa dezapwouve l ☐ 02
Non, paske mwen pa t jamè
Panse pou m di yo sa ☐ 03
Lòt rezon ☐ 04
Presize _____
MWEN PA KONNEN ☐ 98
MWEN REFIZE REPONN ☐ 99

Mwen pral ba ou kèk ekzanp sou
Kèk diferan kondisyon medical,
Epi mwen ta renmen konnen si ou
Ta p itilize medsin oksidantal,
Lòt kalite fòm tretman, tou de,
Oubyen ni youn ni lòt pou ta trete
Kondisyon sa yo. Lòt kalite fòm
Tretman yo genyen bagay tankou te,
fèy, "shaman", ougan, manbo, etc.

Q 3-8 Ou ap mache vit. Toudenkou
Ou santi yon gwo doulè bò pwatrin ou,
Li prèt pou koupe souf ou, li fè ou ap
Swe, li ba ou noze ak vomisman. Ou
Panse ou kapab genyen yon pwoblèm
Kè ki menase lavi ou. Eske ou itilize:
Lòt kalite fòm tretman anvan ☐ 01
Medsin oksidantal anvan ☐ 02
[Ale nan Q3-11]
Tou de alafwa ☐ 03
Ni youn ni lòt ☐ 04 [Ale nan Q3-12]
MWEN PA KONNEN ☐ 98
[Ale nan Q3-12]
MWEN REFIZE REPONN ☐ 99
[Ale nan Q3-12]

Q 3-9 Ki lòt kalite fòm tretman ou
Eseye?
Te, fèy, oubyen remèd tradisyonèl
Kilti lakay ou ☐ 01
Yon "Shaman"/ougan/manbo ☐ 02

Q 3-9 (continued)
Yon akiponktiris ☐ 03
Famsaj ☐ 04
Mayetizè ☐ 05
Tretman ki chita sou
sèvis relijye ki repoze
sou lafwa kretyèn ☐ 06
Lòt ☐ 07
Presize: _____
MWEN PA KONNEN ☐ 98
MWEN REFIZE REPONN ☐ 99
[If checked choice 3 in Q3-8, Go to Q3-12]

Q 3-10 Si lòt kalite fòm tretman yo
pa mache, eske ou eseye medsin
oksidantal?
Wi ☐ 01 [Ale nan Q3-12]
Non ☐ 02 [Ale nan Q3-12]
MWEN PA KONNEN ☐ 98
[Ale nan Q3-12]
MWEN REFIZE REPONN ☐ 99
[Ale nan Q3-12]

Q 3-11 Si medsin oksidantal la pa
travay, eske ou eseye medsin
altènativ?
Wi ☐ 01
Non ☐ 02
MWEN PA KONNEN ☐ 98
MWEN REFIZE REPONN ☐ 99

Q 3-12 Yon maten ou leve avèk tous,
nen bouche, malgòj, ak misk fè mal.
Eske ou itilize:
Lòt kalite fòm tretman anvan ☐ 01
Medsin oksidantal anvan ☐ 02
[Ale nan Q3-15]
Tou de alafwa ☐ 03
Ni youn ni lòt ☐ 04
[Ale nan Q3-16]
MWEN PA KONNEN ☐ 98
[Ale nan Q3-16]
MWEN REFIZE REPONN ☐ 99
[Ale nan Q3-16]

Q 3-13 Ki lòt kalite fòm tretman ou
Eseye?

- Te, fèy oubyen lòt kalite remèd
Tradisyonèl nan kilti lakay ou ☐ 01
Yon "Shaman"/ougan/manbo ☐ 02
Akipontiris ☐ 03
Famsaj ☐ 04
Mayetizè ☐ 05
Tretman priyè ki repoze sou lafwa
Kreyèn ☐ 06
Lòt kalite ☐ 07
Presize: _____
MWEN PA KONNEN ☐ 98
MWEN REFIZE REPONN ☐ 99

**[If checked choice 3 in Q3-12, GO to
Q 3-16]**

Q 3-14 Si lòt kalite fòm tretman yo pa
Travay, eske ou eseye medsin oksidantal?

- Wi ☐ 01 **[Ale nan Q3-16]**
Non ☐ 02 **[Ale nan Q3-16]**
MWEN PA KONNEN ☐ 98
[Ale nan Q3-16]
MWEN REFIZE REPONN
[Ale nan Q3-16]

Q 3-15 Si medsin oksidantal la pa travay,
Eske ou eseye lòt kalite fòm tretman?

- Wi ☐ 01
Non ☐ 02
MWEN PA KONNEN ☐ 98
MWEN REFIZE REPONN ☐ 99

Q 3-16 Ou gen doulè nan tou 2 jenou
Ou yo. Tank tan ap pase doulè a ap vin
Pi mal. Koulye a, ou pa ka mache san
Ou pa santi yon malèz, epi ou vin
Twouve l difisil pou al kote ou
Bezwen. Eske ou itilize:

- Lòt kalite fòm tretman anvan ☐ 01
Medsin oksidantal anvan ☐ 02
[Ale nan Q3-19]

- Tou de alafwa ☐ 03
Ni youn ni lòt ☐ 04 **[Ale nan Q3-20]**

Q 3-16 (continued)

- MWEN PA KONNEN ☐ 98
[Ale nan Q 3-20]
MWEN REFIZE REPONN ☐ 99
[Ale nan Q 3-20]

Q 3-17 Ki lòt kalite tretman ou
eseye?

- Te, fèy oubyen lòt remèd tradisyonèl
nan kilti lakay ou ☐ 01
Yon "Shaman"/ougan/manbo ☐ 02
Akipontiris ☐ 03
Famsaj ☐ 04
Mayetizè ☐ 05
Tretman priyè ki repoze sou
lafwa kreyèn ☐ 06
Kawopraktè ☐ 07
Lòt kalite ☐ 08

- Presize: _____
MWEN PA KONNEN ☐ 98
MWEN REFIZE REPONN ☐ 99
**[If checked choice 3 in Q3-16
Go to Q3-20]**

Q 3-18 Si lòt kalite fòm tretman yo
pa travay, eske ou eseye medsin
oksidantal?

- Wi ☐ 01 **[Ale nan Q3-20]**
Non ☐ 02 **[Ale nan Q3-20]**
MWEN PA KONNEN ☐ 98
[Ale nan Q3-20]
MWEN REFIZE REPONN
[Ale nan Q3-20]

Q 3-19 Si medsin oksidantal la pa
travay, eske ou eseye lòt kalite fòm
tretman?

- Wi ☐ 01
Non ☐ 02
MWEN PA KONNEN ☐ 98
MWEN REFIZE REPONN ☐ 99

Breast Cancer Questionnaire

Q 3-20 Diran dènye kèk mwa k pase
Yo, ou kontinye pèdi pwa, apeti ou bese,
Epi souf ou vin kout. Ou panse ou kapab
Gen kansè. Eske ou itilize:

Lòt kalite fòm tretman anvan ☐ 01
Medsin oksidantal anvan ☐ 02

[Ale nan Q3-23]

Tou de alafwa ☐ 03
Ni youn ni lòt ☐ 04

[Ale nan Q3-24]

MWEN PA KONNEN ☐ 98

[Ale nan Q3-24]

MWEN REFIZE REPONN ☐ 99

[Ale nan Q3-24]

Q 3-21 Ki kalite lòt fòm tretman
Ou itilize?

Te, fèy oubyen remèd tradisyonèl
Nan kilti lakay ou ☐ 01
Yon "Shaman"/ougan/manbo ☐ 02
Akiponktiris ☐ 03
Famsaj ☐ 04
Mayetizè ☐ 05

Tretman priyè ki repoze sou
Lafwa kretyèn ☐ 06
Lòt kalite ☐ 07

Presize: _____

MWEN PA KONNEN ☐ 98

MWEN REFIZE REPONN ☐ 99

**[IF CHECKED CHOICE 3 IN
Q3-20, GO TO Q3-24]**

Q3-22 Si lòt kalite fòm tretman yo
Pa travay, eske ou eseye medsin
Oksidantal?

Wi ☐ 01 [Ale nan Q3-24]

Non ☐ 02 [Ale nan Q3-24]

MWEN PA KONNEN

[Ale nan Q3-24]

MWEN REFIZE REPONN

[Ale nan Q3-24]

Q 3-23 Si medsin oksidantal la pa
travay, eske ou eseye lòt kalite fòm
tretman?

Wi ☐ 01

Non ☐ 02

MWEN PA KONNEN ☐ 98

MWEN REFIZE REPONN ☐ 99

Q 3-24 Ou santi ou tris epi kò ou
kraze. Ou sèlman santi ou ta kouche
lage kò ou san ou pa fè anyen.

Kò kraze sa a vin pi mal tanzantan.

Eske ou itilize:

Lòt kalite fòm tretman anvan ☐ 01

Medsin oksidantal anvan ☐ 02

[Ale nan Q3-27]

Tou de alafwa ☐ 03

Ni youn ni lòt ☐ 04 [Ale nan Q3-28]

MWEN PA KONNEN ☐ 98

[Ale nan Q3-28]

MWEN REFIZE REPONN ☐ 99

[Ale nan Q3-28]

Q 3-25 Ki lòt kalite fòm tretman ou
itilize?

Te, fèy oubyen lòt remèd
tradisyonèl nan kilti lakay ou ☐ 01
Yon "Shaman"/ougan/manbo ☐ 02
Akiponktiris ☐ 03
Famsaj ☐ 04
Mayetizè ☐ 05

Tretman priyè ki repoze sou

Lafwa kretyèn ☐ 06

Lòt kalite ☐ 07

Presize: _____

MWEN PA KONNEN ☐ 98

MWEN REFIZE REPONN ☐ 99

**[If checked choice 3 in Q 3-24, Go
to Q 3-28]**

Q 3-26 Si lòt kalite fòm tretman yo
pa travay, eske ou eseye tretman
medsin oksidantal?

Wi ☐ 01 [Ale nan Q3-28]

Breast Cancer Questionnaire

Q 3-26 (continued)

Non ☐ 02 [Ale nan Q3-28]

MWEN PA KONNEN ☐ 98

[Ale nan Q3-28]

MWEN REFIZE REPONN ☐ 99

[Ale nan Q3-28]

Q 3-27 Si medsin oksidantal la pa

Travay, eske ou eseye lòt kalite

Fòm tretman?

Wi ☐ 01

Non ☐ 02

MWEN PA KONNEN ☐ 98

MWEN REFIZE REPONN ☐ 99

Nan kèk kesyon ki pi ba a, mwen pral mande ou pou konpare medsin oksidantal la avèk lòt kalite fòm tretman tradisyonèl ki genyen nan kilti lakay ou. Si ou panse pa genyen diferans ant yo de a oubyen si ou pa konnen diferans lan, tanpri fè m konnen sa tou.

	Medsin Oksidant al	Lòt kalite fòm tretm an	Pa gen Difer ans	Mwen pa Konnen	Mwen refize Reponn
Q 3-28 Eske li koute plis lajan pou itilize medsin oksidantal oubyen pou lòt kalite fòm tretman tradisyonèl nan kilti lakay ou yo?	01	02	03	98	99
Q 3-29 Ki lès ki pi konvenyan pou ou pou itilize?	01	02	03	98	99
Q 3-30 Avèk ki lès nan de kalite fòm tretman yo ou santi ou pi abitye?	01	02	03	98	99
Q 3-31 Nan ki lès ladan yo ou pi kwè?	01	02	03	98	99
Q 3-32 Ki lès nan metòd yo moun nan fanmi ou rekòmande pi souvan?	01	02	03	98	99
Q 3-33 Ki lès nan metòd yo ou itilize pi souvan?	01	02	03	98	99

KATRIYEM SEKSYON: EKZAMEN POU KANSE NAN TETE

Koulye a mwen pral mande ou kèk kesyon sou tèks ak ekzamen medikal yo fè pou fanm.

Q 4-1 Eske ou jamè tande pale sou kesyon Mamogram?

Wi ☐ 01

Non ☐ 02

MWEN PA KONNEN ☐ 03

MWEN REFIZE REPONN ☐ 99

(Kòm ou kapab konnen) yon mamogram se yon radyografi yo fè pou tete ou avèk yon machin ki peze tete a plat pou yo kapab tire yon pi bon foto tete a. Se pa tankou lè ou ap fè yon radyografi pou pwatrin ou tankou si ou fè nemoni. Radyografi sa a tire foto tete ou pou ede wè si ou pa gen kansè nan tete a.

Koulye a, mwen pral li kèk deklarasyon. Imajine se oumenm k ap fè deklarasyon sa yo pou tèt ou, epi di m si ou dakò oubyen si ou pa dakò avèk chak deklarasyon yo. [Read each statement and circle number for response.]

[Circle Number for Response.]

	Mwen dakò	Mwen pa dakò	MWEN PA KONNNEN	Mwen refize reponn
Q 4-2 Depi m ekzamine tete m pou kò m, mwen pa bezwen mamogram	01	02	98	99
Q 4-3 Mamogram yo fè mal anpil.	01	02	98	99
Q 4-4 Mamogram yo ekspozé ou avèk twòp radyasyon.	01	02	98	99
Q 4-5 Se yon eksperyans ki anbarasan lè ou ap fè yon mamogram.	01	02	98	99
Q 4-6 Mwen pè pou sa yon mamogram kapab dekouvri.	01	02	98	99
Q 4-7 Palefèt mwen gen pou m fè yon mamogram, sa vle di m granmoun.	01	02	98	99
Q 4-8 Ou sèlman bezwen yon mamogram si ou gen sentom.	01	02	98	99
Q 4-9 Ou sèlman bezwen yon mamogram si ou gen yon fanmi ki te gen kansè nan tete.	01	02	98	99
Q 4-10 Mwen pè konnen si m bezwen operasyon.	01	02	98	99

Q 4-11 Eske ou jamè fè yon mamogram?

Wi ☐ 01

Non ☐ 02 [Ale nan Q4-32]

MWEN PA KONNEN ☐ 98

[Ale nan Q4-32]

MWEN REFIZE REPONN ☐ 98

[Ale nan Q4-32]

Q 4-12 Ki pi bon estimasyon ou kapab

Fè sou laj ou te genyen premye fwa ou

Te fè yon mamogram?

_____ Ane

MWEN PA KONNEN ☐ 98

MWEN REFIZE REPONN ☐ 99

Q 4-13 Konbyen mamogram ou fè

An tou pou tout vi ou?

_____ [Ale nan 4-15]

MWEN PA KONNEN/M PA SI ☐ 98

MWEN REFIZE REPONN ☐ 99

Q 4-14 (Si ou Pa Konnen/Ou pa Si)

Bon, eske ou sèten si ou te fè plis pase

Yon sèl? Eske ou te fè yon sèl, oubyen

Plis pase yon sèl?

Youn sèlman ☐ 01

Plis pase youn ☐ 02

Mwen Pa Konnen/ M pa si ☐ 98

MWEN REFIZE REPONN ☐ 99

Epi ki pi bon estimasyon ou kapab fè

Sou ki kantite ou te fè antou diran

Tout lavi ou?

MWEN PA KONNEN ☐ 98

MWEN REFIZE REPONN ☐ 99

Q 4-15 Eske yon doktè, yon enfimye

Oubyen yon lòt travayè sante pa jamè

Kontakte ou paske yon

Mamogram ou te fè montre yon

Rezilta ki pa nòmal?

Wi ☐ 01

Non ☐ 02 [Ale nan 4-21]

Q 4-15 (continued)

MWEN PA KONNEN ☐ 98

[Ale nan 4-21]

MWEN REFIZE REPONN ☐ 99

[Ale nan 4-21]

Q 4-16 Konbyen tan sa genyen depi
sa te rive? [Read Response

Categories]

Sa poko gen yon ane ☐ 01

Sa gen ant youn ak 3 ane ☐ 02

Plis pase 3 ane ☐ 03

Jamè ☐ 04

MWEN PA KONNEN ☐ 98

MWEN REFIZE REPONN ☐ 99

Q 4-17 Eske ou te genyen yon

randevou nan yon klinik paske

ou te fè yon mamogram ki pa t

nòmal?

Wi ☐ 01

Non ☐ 02 [Ale nan Q 4-21]

MWEN PA KONNEN ☐ 98

[Ale nan Q4-21]

MWEN REFIZE REPONN

[Ale nan Q4-21]

Q 4-18 Konbyen tan ou te rete tann
pou te jwenn yon randevou?

Mwens pase yon mwa ☐ 01

Sa gen ant youn ak 3 mwa ☐ 02

Sa gen plis pase 3mwa, men

Li poko gen 6 mwa ☐ 03

Plis pase 6 mwa ☐ 04

MWEN PA KONNEN ☐ 98

[Ale nan Q 4-21]

MWEN REFIZE REPONN ☐ 99

[Ale nan Q 4-21]

Q 4-19 Eske ou te ale nan randevou
sa a?

Wi ☐ 01 [Ale nan Q 4-21]

Non ☐ 02

MWEN PA KONNEN ☐ 98

[Ale nan Q 4-21]

Q 4-19 (continued)

MWEN REFIZE REPONN [] 99

[Ale nan Q4-21]**Q 4-20** Si repons ou se non, pou ki rezon
Ou pa t ale nan randevou a?

Mwen pa t gen transpòtasyon [] 01

Yo te ranvwaye randevou a [] 02

Mwen pa t gen tan

Mwen te twò okipe nan travay [] 03

Li te koute twò chè [] 04

Mwen te vle kenbe rezilta a

Konfidansyèl [] 05

Mwen te pè diskite rezilta a [] 06

Lòt rezon [] 07

Presize: _____

MWEN PA KONNEN [] 98

MWEN REFIZE REPONN [] 99

Q 4-21 Ki dènye fwa ou te fè yon
Mamogram? **[Read Response****Categories]**

Sa genyen yon lane oubyen

Mwens pase yon ane [] 01

Sa genyen ant youn ak 2 ane [] 02

Sa gen ant 2 ak 3 ane [] 03

[Ale nan Q4-32]

Sa gen plis pase 3 ane [] 04

[Ale nan Q4-32]Jamè [] 05 **[Ale nan Q4-32]**

MWEN PA KONNEN

MWEN PA SI [] 98 **[Ale nan Q4-32]**

MWEN REFIZE REPONN [] 99

[Ale nan Q4-32]**Q 4-22** Ki rezon ki te pote ou al fè
Dènye mamogram ou te fè a?**[Read Response Categories]**

Poutèt yon pwoblèm espesifik

Mwen te gen nan tete m [] 01

[Ale nan Q4-24]

Pou m te kontinye suiv akòz yon

Pwoblèm mwen te genyen nan

Tete m. [] 02 **[Ale nan Q 4-24]****Q 4-22 (continued)**

Sa fè pati yon ekzamen woutin

oubyen tyekòp mwen [] 03

[Ale nan Q4-24]

Doktè m ki te konseye m [] 04

Enfimyè oubyen lòt pwofesyonèl

sante ki te ba m konsèy [] 05

Mwen te mande l poukont mwen

pa prekosyon [] 06

[Ale nan Q4-24]Lòt rezon [] 07 **[Ale nan Q4-24]**

Presize: _____

MWEN PA KONNEN [] 98

[Ale nan Q4-24]

MWEN REFIZE REPONN [] 99

[Ale nan Q4-24]**[If check choice 4 or 5, go to Q4-23
All OTHER ANSWERS, GO TO
4-24]****Q 4-23** Eske ou konnen pou ki rezon
doktè a te konseye ou pou fè
mamogram nan? Eske se paske doktè
a oubyen yon lòt pwofesyonèl sante
te konsène paske te genyen yon
pwoblèm oubyen yon bagay?

Li te jwenn lè l t ap konsilte m [] 01

Se te pandan yon tyekòp regilye

paske tout fanm laj mwen dwe

fè mamogram regilyèman [] 02

Mwen gen yon fanmi m ki te gen

kansè nan tete [] 03

Yon lòt rezon [] 04

Presize: _____

MWEN PA KONNEN [] 98

MWEN REFIZE REPONN [] 99

Q 4-24 Eske mamogram sa a te fèt
Nan biwo yon doktè, nan yon klinik
Oubyen nan yon santsante, nan yon
Lopital, nan yon laboratwa radyografi,
Yon laboratwa mobil nan yon “Van,”
Oubyen kèk lòt kote?

Biwo doktè ☐ 01
Klinik/Santsante ☐ 02
Lopital ☐ 03
Laboratwa Radyografi ☐ 04
Laboratwa mobil ☐ 05
Lòt ☐ 06

Presize: _____

MWEN PA KONNEN ☐ 98

MWEN REFIZE REPONN ☐ 99

Q 4-25 Konsènan dènye mamogram
Ou te fè a, eske li te fè ou mal? Es ke li
Te **[Read Response Categories]**

Fè mal anpil ☐ 01
Fè mal enpe ☐ 02
Fè mal tou piti ☐ 03

Li pa t fè mal, men
Li te fè m enkonfòtab ☐ 04

Li pa t ni fè mal, ni fè
M santi m enkonfòtab ☐ 05

MWEN PA KONENN ☐ 98

MWEN REFIZE REPONN ☐ 99

*Epi kòman ou te santi ou konsènan eksperyans ou fè nan fè mamogram nan? Mwen pral li kèk deklarasyon. Imajine se oumenm k ap fè deklarasyon sa yo, apre sa di m si ou dakò oubyen pa dakò avèk chak nan yo. **[Read each statement and circle number for response.]***

	M dakò	M pa dakò	Mwen pa Konnen	Mwen refize reponn
Q 4-26 Kè m t ap sote pandan m te nan saldatant lan anvan m te fè mamogram nan.	01	02	98	99
Q 4-27 Moun ki te fè mamogram mwen an te prè pou asiste epi li te fè m santi m konfòtab.	01	02	98	99
Q 4-28 Yon moun te nan biwo a pou reponn kesyon m yo oubyen pou ede m konprann sa k t ap pase	01	02	98	99
Q 4-29 Kè m t ap sote pandan m t ap tann rezilta mamogram nan.	01	02	98	99
Q 4-30 M ap gen pou m refè yon	01	02	98	99

lòt mamogram.				
Q 4-31 Lefèt mwen fè yon mamogram, se yon bagay ki te fè m rejwenn konfyans.	01	02	98	99

[IF CHECKED CHOICE 1, 2 IN Q 4-21, SKIP Q 4-32]

Q 4-32 Ki rezon k te pi enpòtan ki fè Ou te fè (pa t jamè fè/pa t fè yon Mamogram nan dènye ane k sot pase yo? Mwen pa t jamè panse ak sa/

Mwen pa t konnen m te dwe fè l ☐ 01

Mwen pa t bezwen l/Mwen pa t gen Okenn pwoblèm ☐ 02

Mwen te ranvwaye l/Parès ☐ 03

Li koute twò chè/

M pa gen asirans ☐ 04

Doktè pa t rekòmande l ☐ 05

Mwen pa t ale kay doktè/

Mwen pa renmen doktè ☐ 06

Mwen pa t gen ase laj ☐ 07

Mwen pè radyasyon ☐ 08

Lòt kalite lapè/ki pa presize ☐ 09

Mwen pa t gen tan/Enkonvenyans ☐ 10

Mwen pa t konfòtab avèk li/

Anbarasman ☐ 11

Mwen pa t jamè tande enfòmasyon

Sou mamogram ☐ 12

Pa t gen yon rezon patikilye ☐ 13

Lòt rezon ☐ 14

Presize

MWEN PA KONNEN ☐ 98

MWEN REFIZE PALE ☐ 99

Q 4-33 Dapre oumenm, ak ki laj yon fanm Ta dwe kòmanse fè mamogram?

— — — Ane

Lè l kòmanse gen peryòd li ☐ 01

Lè l kòmanse fè pitit ☐ 02

Lè gen yon pwoblèm ☐ 03

Lè l kòmanse fè sèks ☐ 04

Q 4-33 (continued)

Lè l fè menopoz li ☐ 05

Lòt laj ☐ 06

Presize

MWEN PA KONNEN ☐ 98

MWEN REFIZE REPONN ☐ 99

Q 4-34 Nan dènye 2 zan yo, eske yon doktè pa t ekzamine tete ou avèk men l, pou doktè a wè si l pa santi boul oubyen lòt kalite pwoblèm?

Wi ☐ 01

Non ☐ 02

MWEN PA KONNEN ☐ 98

MWEN REFIZE ☐ 99

Q 4-35 Epi nan dènye 2 zan yo, eske yon pwofesyonèl sante te diskiye mamogram avèk ou?

Wi ☐ 01

Non ☐ 02

MWEN PA KONNEN ☐ 98

MWEN REFIZE REPONN ☐ 99

Q4-36 Nan dènye 2 zan yo, eske yon pwofesyonèl sante te rekòmande Pou fè yon mamogram?

Wi ☐ 01

Non ☐ 02

MWEN PA KONNEN ☐ 98

MWEN REFIZE REPONN ☐ 99

Q 4-37 Nan dènye 2 zan yo, eske ou
 Te jamè aprann enfòmasyon sou
 Mamogram nan yon “workshop”
 Oubyen yon prezantasyon ki pa t
 Gen rapò avèk biwo yon doktè oubyen
 Yon santsante? Pa ekzanp, yon
 Prezantasyon nan yon santsante nan
 Katye, yon sant pou moun aje, yon
 Legliz, oubyen lakay yon moun?
 Wi ☐ 01
 Non ☐ 02 [ale nan 4-39]
 MWEN PA KONNEN ☐ 98
 MWEN REFIZE REPONN ☐ 99

Q 4-38 Eske ou te fè yon mamogram
 Akoz yon prezantasyon oubyen yon
 “workshop” ou te suiv?
 Wi ☐ 01
 Non ☐ 02
 MWEN PA KONNEN ☐ 98
 MWEN REFIZE REPONN ☐ 99

Q 4-39 Eske ou konnen ki jan pou
 Ekzamine tete ou pou wè si l pa genyen
 Kèk boul la dan l?
 Wi ☐ 01
 Non ☐ 02 [Ale nan seksyon 5]
 MWEN REFIZE REPONN ☐ 99
 [Ale nan seksyon 5]

Q 4-40 Ki sa ou panse ki ede ou plis
 Nan aprann ki jan pou ekzamine tete
 Ou pou kont ou?
 Mwen aprann nan men yon doktè/
 Enfimyè/pwofesyonèl sante ☐ 01
 Mwen aprann nan men yon
 Volontè oubyen yon moun ki
 Pran chaj pou l gide lòt moun ☐ 02
 Mwen aprann nan yon liv/
 Livrè ☐ 03
 Mwen aprann nan bouch yon
 Zanmi/fanmi/vwazen ☐ 04
 Mwen aprann nan yon videyo ☐ 05
 Lòt kote ☐ 06
 Presize _____

Q 4-40 (Continued)
 MWEN PA KONNEN ☐ 98
 MWEN REFIZE REPONN ☐ 99

Q 4-41 Epi chak kilè ou ekzamine
 tete ou pou wè si pa gen boul?
[Probe for APPROX.]
 Plis pase yon fwa chak mwa ☐ 01
 Yon fwa chak mwa ☐ 02
 3 fwa chak ane ☐ 03
 2 fwa chak ane ☐ 04
 Yon fwa chak ane ☐ 05
 Jamè ☐ 06
 Lòt ☐ 07
 presize _____
 MWEN PA KONNEN ☐ 98
 MWEN REFIZE REPONN ☐ 99

5 èm SEKSYON: KWAYANS AK ATITID SOU KANSE NAN TETE

Koulye a mwen pral mande ou opinyon ou sou kèk bagay. Mwen pral li kèk deklarasyon. Imajine se oumenm k ap fè deklarasyon sa yo pou kò ou epi di m si ou dakò oubyen pa dakò avèk chak nan deklarasyon yo.

	M dakò	M pa dakò	M pa konnen	M refize reponn
Q 5-1 Mwen twouve l anbarasan pou yon doktè gason ap ekzamine tete m.	01	02	98	99
Q 5-2 Mwen twouve l anbarasan pou yon doktè fanm ap ekzamine tete m.	01	02	98	99
Q 5-3 Si doktè yo dekouvri kansè, nenpòt jan pa gen anyen yo kapab fè.	01	02	98	99
Q 5-4 Si m ta gen kansè, m ta prefere pa konn sa.	01	02	98	99
Q 5-5 Genyen kansè se yon kondanasyon lanmò pou laplipa moun.	01	02	98	99
Q 5-6 Si yon moun gen kansè nan tete, sèl sa ki ka fèt se koupe tete a.	01	02	98	99
Q 5-7 Mwen panse y ap jwenn yon gerizon pou kansè.	01	02	98	99
Q 5-8 Si plis moun te al tyeke kay doktè regilyèman, t ap genyen mwens moun ki mouri avèk kansè.	01	02	98	99
Q 5-9 Mamografi kapab detekte kansè avan mwenmenm oubyen doktè m rive santi yon boul nan tete a.	01	02	98	99
Q 5-10 Puiske pèsòn pa konnen sa ki koze kansè, pa genyen vrèman anyen ki kapab fèt pou li.	01	02	98	99
Q 5-11 Moun kapab redui ris pou yo gen kansè si yo kenbe tèt yo an sante.	01	02	98	99
Q 5-12 Si yon moun gen kansè, se sèlman destine li, pa gen anyen ou kapab fè pou sa.	01	02	98	99

Q 5-13 Eske ou vle eksplike nan pwòp Langaj pa ou ki sa ou panse kansè ye?
[Record Exact Response]

Q 5-14 Ki kalite manje ou panse ki Koze kansè? [Record Exact Response]

Q 5-15 Ki sa ou panse ki koze kansè?
[Record Exact Response]

Q 5-16 Ki sa ou panse ki ta kapab geri kansè?
[Record Exact Response]

SIZYEM SEKSYON: "PAP SMEAR"

Q 6-1 Eske ou jamè tande pale sou "PAP SMEAR"?

- Wi ☐ 01
Non ☐ 02
MWEN PA KONNEN ☐ 98
MWEN REFIZE REPONN ☐ 99

*Lè Pou fè yon tès "PAP SMEAR"
Enfimyè a oubyen doktè a foure yon
Enstriman nan bouboun ou epi l ap
Pran yon echantiyon nan selil ki nan
Kòl matris ou yo andedan bouboun
Nan avèk yon aplikatè. Yon tès
"PAP SMEAR" kapab detekte
kansè nan kòl matris depi lè l fèk
parèt.*

Q 6-2 Eske ou jamè fè yon "Pap Smear"?

- Wi ☐ 01
Non ☐ 02 [Ale nan Q6-6]
MWEN PA KONNEN ☐ 98
[Ale nan Q6-6]
MWEN REFIZE REPONN ☐ 99
[Ale nan Q6-6]

Q 6-3 Ki pi bon estimasyon ou kapab
Bay sou laj ou te genyen lè ou te fè
Premye "PAP SMEAR" ou?

- ___ ANE
MWEN PA KONNEN ☐ 98
MWEN REFIZE REPONN ☐ 99

Q 6-4 Konbyen "PAP SMEAR" ou
Fè pandan tout vi ou?

- #___
MWEN PA KONNEN/PA SI ☐ 98
MWEN REFIZE REPONN ☐ 99

Q 6-5 Ki dènye fwa ou te fè yon
"PAP SMEAR"?

- Sa genyen yon ane ☐ 01
Sa genyen ant youn ak 2 ane ☐ 02
Ant 2 ak 3 ane ☐ 03
Plis pase 3 zan ☐ 04
Jamè ☐ 05

Breast Cancer Questionnaire

Q 6-5 (continued)

- MWEN PA KONNEN ☐ 98
MWEN REFIZE REPONN ☐ 99

Q 6-6 Eske ou te jamè refize yon
"PAP SMEAR" lè doktè/pwofesyonèl
sante ou te ofri ou pou fè l?

- Wi ☐ 01
Non ☐ 02 [Ale nan Q 6-8]
MWEN PA KONNEN ☐ 98
[Ale nan Q 6-8]
MWEN REFIZE REPONN ☐ 99
[Ale nan Q 6-8]

Q 6-7 Pou ki sa ou te chwazi pou
pa t fè tès la? [Record Exact
RESPONSE]

Q 6-8 Eske yon doktè, yon enfimyè
oubyen lòt pwofesyonèl sante jamè
kontakte ou paske rezilta yon "PAP
SMEAR" ou te fè pa t nòmal?

- Wi ☐ 01
Non ☐ 02 [Ale nan seksyon 7]
MWEN PA KONNEN ☐ 98
[Ale nan Seksyon 7]
MWEN REFIZE REPONN ☐ 99
[Ale nan seksyon 7]

Q 6-9 Konbyen tan sa genyen?

Mwens pase yon ane ☐ 01
Ant youn ak 3 zan ☐ 02
Plis pase 3 zan ☐ 03
Jamè ☐ 04
MWEN PA KONNEN ☐ 98
MWEN REFIZE REPONN ☐ 99

Q 6-10 Eske ou te genyen randevou

Nan yon klinik paske ou te fè yon

“PAP SMEAR” ki pa t nòmal?

Wi ☐ 01

Non ☐ 02 **[Ale nan Seksyon 7]**

MWEN PA KONNEN ☐ 98

[Ale nan Seksyon 7]

MWEN REFIZE REPONN ☐ 99

[Ale nan seksyon 7]

Q 6-11 Konbyen tan sa te pran pou

Te jwenn yon randevou?

Mwens pase yon mwa ☐ 01

Sa te pran ant youn ak 3 mwa ☐ 02

Sa te pran plis pase 3 mwa,

Men mwens pase 6 mwa ☐ 03

Plis pase 6 mwa ☐ 04

MWEN PA KONNEN ☐ 98

MWEN REFIZE REPONN ☐ 99

Q 6-12 Eske ou te ale nan randevou a?

Wi ☐ 01 **[Ale nan SEKSYON 7]**

Non ☐ 02

MWEN PA KONNEN ☐ 98

[Ale nan Seksyon 7]

MWEN REFIZE REPONN ☐ 99

[Ale nan Seksyon 7]

Q 6-13 Si se non, pou ki rezon ou pa t

Ale nan randevou a?

Mwen pa t gen transpòtasyon ☐ 01

Dat la te chanje ☐ 02

Mwen pa t gen tan

(Twò okipe nan travay mwen) ☐ 03

Li te koute twò chè ☐ 04

Mwen te vle pou rezilta a rete

Konfidansyèl ☐ 05

Breast Cancer Questionnaire

Q 6-13 (continued)

Mwen te pè diskite rezilta a ☐ 06

Lòt rezon ☐ 07

Presize _____

MWEN PA KONNEN ☐ 98

MWEN REFIZE REPONN ☐ 99

SEKSYON 7: Akiltirasyon ak Atitid

[For native English Speakers and other non-Creole speakers, go to Q 7-14]

Koulye a mwen ta renmen mande ou kèk kesyon sou ki lang ou pale nan diferan sityasyon. Avèk [Read Q 7-1] eske ou ta di ou itilize Angle sèlman, Angle sitou, Kreyòl ak Angle, Kreyòl prensipalman, Kreyòl sèlman, Franse sèlman, Franse prensipalman, oubyen Franse ak Kreyòl? [Repeat for All]

	Angle Sèlman	Angle prensipalman	Kreyòl/ Angle	Kreyòl Sèlman	Kreyòl Prensipalman	Kreyòl / Franse	Franse sèlman	Franse Prensipalman	Franse/ Angle	Youn Pa aplika	M pa konn	M Refize reponn
Q 7-1 Mari ou oubyen "boyfriend" ou,patnè ou	01	02	03	04	05	06	07	08	09	10	98	99
Q 7-2 Yon fanmi pwòch ou	01	02	03	04	05	06	07	08	09	10	98	99
Q 7-3 Pitit ou oubyen timoun k ap viv andedan kay ou	01	02	03	04	05	06	07	08	09	10	98	99
Q 7-4 Laplipa vwazen ou yo	01	02	03	04	05	06	07	08	09	10	98	99
Q 7-5 Laplipa moun k ap travay ansanm avèk ou	01	02	03	04	05	06	07	08	09	10	98	99
Q 7-6 Laplipa nan moun kote ou abitye al achte yo	01	02	03	04	05	06	07	08	09	10	98	99
Q 7-7 Nan reyinyon fanmi tankou Nwèl ak lòt fèt	01	02	03	04	05	06	07	08	09	10	98	99
Q 7-8 Laplipa nan zanmi ou yo	01	02	03	04	05	06	07	08	09	10	98	99

Q 7-9 Lè ou ap gade Televizyon

Eske pwogram yo dòdinè an

[Read Response Categories]

Angle ☐ 01

Kreyòl ☐ 02

Franse ☐ 03

Lòt lang ☐ 04

Presize _____

Mwen pa gade/pa gen TV ☐ 05

MWEN PA KONNEN ☐ 98

MWEN REFIZE REPONN ☐ 99

Q 7-10 Lè pou achte manje, eske

Ou ale nan boutik ki vann pwodui

Ayisyen/Karayibeyen? **[Read**

Response Categories]

Toutan ☐ 01

Laplipa ditan ☐ 02

Breast Cancer Questionnaire

Q 7-10 (continued)

Pafwa ☐ 03

Jamè ☐ 04

MWEN PA KONNEN ☐ 98

MWEN REFIZE REPONN ☐ 99

Q 7-11 Lè ou ap tande radyo, eske

pwogram yo dòdinè an **[Read**

Response Categories]

Angle ☐ 01

Kreyòl ☐ 02

Franse ☐ 03

Lòt lang ☐ 04

Presize: _____

Mwen pa tande/pa genyen

radyo ☐ 05

MWEN PA KONNEN ☐ 98

MWEN REFIZE REPONN ☐ 99

Q 7 12 Lè ou ap li, revi, oubyen jounal

Eske dòdinè yo an **[Read Response**

Categories]

Angle ☐ 01

Kreyòl ☐ 02

Franse ☐ 03

Lòt lang ☐ 04

Presize _____

Mwen pa konn li ☐ 05

MWEN PA KONNEN ☐ 98

MWEN REFIZE REPONN ☐ 99

Q 7-13 Nan ki nivo li enpòtan pou ou

Pou sèvis nan legliz ou fèt nan lang

Matènèl ou?

[READ RESPONSE CATEGORIES]

Trè zenpòtan ☐ 01

Yon ti jan enpòtan ☐ 02

Sa pa trè zenpòtan pou mwen ☐ 03

Sa pa enpòtan ditou ☐ 04

MWEN PA KONNEN ☐ 98

MWEN REFIZE REPONN ☐ 99

Breast Cancer Questionnaire

Pi devan an, ou te di m ou idantifye tèt ou avèk (country). Koulye a mwen pral mande ou opinyon ou sou kèk aspè nan jan fanmi viv, kèk nan aspè yo gen pou wè avèk jan ou santi ou lè ou ap panse sou (country). Mwen pral li kèk deklarasyon pou ou. Pou chak deklarasyon, tanpri di m si ou dakò avèk tout fòs ou; ou dakò enpe; ou pa dakò avèk tout fòs ou; ou pa dakò enpe. Eske ou pare?

	Dakò avèk tout Fòs mwen	Dakò enpe	M pa dakò Avèk tout fòs mwen	M pa dakò dakò enpe	Li pa konsène m	Mwen refize reponn
Q 7-14 Li enpòtan pou pitit mwen yo konnen listwa (country)	01	02	03	04	05	99
Q 7-15 Li enpòtan pou pitit (oubyen ti fanmi m) suiv koutim ak manyè peyi m	01	02	03	04	05	99
Q 7-16 Li enpòtan pou pitit mwen ak (ti fanmi m) selebre fèt peyi m	01	02	03	04	05	99
Q 7-17 Chèche konnen kot zansèt mwen yo sòti, ki se trase pye bwa fanmi mwen, se yon aspè enpòtan nan lavi yon fanmi	01	02	03	04	05	99
Q 7-18 Li enpòtan pou m konnen kouzen m yo, matant mwen ak tonton m yo pou m ka genyen yon bon relasyon avèk yo	01	02	03	04	05	99
Q 7-19 Yon moun dwe sonje fanmi ki mouri nan dat yo te mouri a, oubyen nan lòt okazyon espesyal	01	02	03	04	05	99
Q 7-20 Frè gen obligasyon pou pwoteje sè yo pandan y ap grandi	01	02	03	04	05	99
Q 7-21 Pandan y ap grandi, sè gen obligasyon pou yo respekte otorite frè yo	01	02	03	04	05	99
Q 7-22 Pandan y ap grandi, frè gen obligasyon pou respekte otorite sè yo	01	02	03	04	05	99
Q 7-23 Si yo te kapab viv nenpòt kote yo vle, pitit ki marye ta dwe viv tou pre fanmi yo pou youn kapab ede lòt	01	02	03	04	05	99

Q 7-24 Kote ki moun ou ta ale si

Ou ta bezwen prete lajan?

Fanmi m ☐ 01

Frè m/ sè m ☐ 02

Labank ☐ 03

Zanmi ☐ 04

Lòt moun ☐ 05

Presize _____

MWEN PA KONNEN ☐ 98

MWEN REFIZE REPONN ☐ 99

Koulye a mwen pral mande ou 2

Kesyon sou zanmi ou ak asosye ou

Q 7-25 Diran tan ou fè ap viv kòm granmoun, eske vwazen ou yo se plis moun ki sòti nan (country), oubyen anviwon yon kantite ki egal ni pou sa ki sòti (country), ni etranje?

Prensipalman(country) ☐ 01

Preske egal ☐ 02

Prensipalman etranje ☐ 03

Q 7-25 (continued)

MWEN PA KONNEN [] 98

MWEN REFIZE REPONN [] 99

Q 7-26 Diran tout tan ou pase ap viv
 Kòm granmoun, eske zanmi pèsònèl
 Ou yo, se plis moun ki sòti nan
 (country), oubyen yon kantite ki egal
 ni (country), ni etranje?

Prensipalman {country} [] 01

Preske egal [] 02

Prensipalman etranje [] 03

MWEN PA KONNEN [] 98

MWEN REFIZE REPONN [] 99

UITYEM SEKSYON: UTILIZASYON ALKOL

Kesyon k ap vini la yo gen rapò avèk fason ou itilize bwason ki gen alkòl diran ane k sot pase a. Yon "drink" vle di yon mamit oubyen yon boutèy byè, yon vè diven, yon "wine cooler" (explain), oubyen yon vè kòktèl oubyen yon ti vè wòm oubyen wiski, yon vè kremas, ak kleren.

Q 8-1 Chak kilè ou bwè yon bagay

Ki gen alkòl?

4 oubyen plis fwa chak semèn [] 01

Ant 2 ak 3 fwa chak semèn [] 02

Ant 2 ak 4 fwa chak mwa [] 03

Yon fwa chak mwa [] 04

Ant 2 ak 4 fwa chak ane [] 05

Jamè [] 06 [Ale nan seksyon 9]

MWEN PA KONNEN [] 98

MWEN REFIZE REPONN [] 99

Q 8-2 Nan yon jounen nòmal lè ou ap

Bwè, konbyen "DRINK"

Ou bwè Ki gen alkòl ?

Plis pase 10 [] 01

Ant 7 ak 9 [] 02

Ant 5 ak 6 [] 03

Ant 3 ak 4 [] 04

Ant youn ak 2 [] 05

MWEN PA KONNEN [] 98

MWEN REFIZE REPONN [] 99

Q 8-3 Chak kilè ou bwè 6 oubyen

Plis pase 6 "drink" nan yon grenn okazyon?

Chak jou oubyen preske

chak jou [] 01

Yon fwa chak semèn [] 02

Yon fwa chak mwa [] 03

Mwens pase yon fwa

chak mwa [] 04

Jamè [] 05

MWEN PA KONNEN [] 98

MWEN REFIZE REPONN [] 99

Q 8-4 Konbyen fwa sa rive nan ane

ki sot pase a ou te remake ou te

kòmanse bwè epi ou pa t kapab rete?

Chak jou oubyen preske

chak jou [] 01

Yon fwa chak semèn [] 02

Yon fwa chak mwa [] 03

Mwens pase yon fwa lemwa [] 04

Jamè [] 05

MWEN PA KONNEN [] 98

MWEN REFIZE REPONN [] 99

Q 8-5 Chak kilè diran ane k sot
Pase a ou pa t kapab fè aktivite
Nòmal ou paske ou te bwè?
Chak jou oubyen preske chak jou ☐ 01
Yon fwa chak semèn ☐ 02
Yon fwa chak mwa ☐ 03
Mwens pase yon fwa chak mwa ☐ 04
Jamè ☐ 05
MWEN PA KONNEN ☐ 98
MWEN REFIZE REPONN ☐ 99

Q 8-6 Konbyen fwa sa rive diran ane ki
Sot pase a ou te bezwen yon vè bwason ki
Gen alkòl pou derape jounen ou apre ou te
Fin pase yon bon bout tan ap bwè?
Chak jou oubyen preske chak jou ☐ 01
Yon fwa chak semèn ☐ 02
Yon fwa chak mwa ☐ 03
Mwens pase yon fwa chak mwa ☐ 04
Jamè ☐ 05
MWEN PA KONNEN ☐ 98
MWEN REFIZE REPONN ☐ 99

Q 8-7 Konbyen fwa sa te rive diran ane ki
Sot pase a ou te santi ou koupab oubyen
Ou gen remò apre ou te fin bwè?
Chak jou oubyen preske chak jou ☐ 01
Yon fwa chak semèn ☐ 02
Yon fwa chak mwa ☐ 03
Mwens pase yon fwa chak mwa ☐ 04
Jamè ☐ 05
MWEN PA KONNEN ☐ 98
MWEN REFIZE REPONN ☐ 99

Q 8-8 Chak kilè diran ane ki sot pase a
Ou pa t kapab sonje sa k te pase nan nuit
Avan an paske ou t ap bwè?
Chak jou oubyen preske chak jou ☐ 01
Yon fwa chak semèn ☐ 02
Yon fwa chak mwa ☐ 03
Mwens pase yon fwa chak mwa ☐ 04
Jamè ☐ 05
MWEN PA KONNEN ☐ 98
MWEN REFIZE REPONN ☐ 99

Q 8-9 Eske sa te rive pou oumenm
oubyen yon lòt moun te blese oubyen
Ofanse paske ou te bwè?
Wi, diran ane ki sot pase a ☐ 01
Wi, men se pa t nan ane ki
sot pase a ☐ 02
Non ☐ 03
MWEN PA KONNEN ☐ 98
MWEN REFIZE REPONN ☐ 99

Q 8-10 Eske ou te genyen yon fanmi
oubyen zanmi, oubyen yon doktè
oubyen yon pwofesyonèl sante ki te
konsène sou fason ou bwè oubyen ki
Te sikjere pou diminye sou alkòl?
Wi, diran ane ki sot pase a ☐ 01
Wi, men se pa t nan ane ki
sot pase a ☐ 02
Non ☐ 03
MWEN PA KONNEN ☐ 98
MWEN REFIZE REPONN ☐ 99

NEVYEM SEKSYON: VYOLANS SOU YON PATNE ENTIM

Koulye a, mwen pral mande ou kèk kesyon sou bagay ou kapab genyen nan relasyon ou avèk lòt moun. Tanpri, eseye reponn kesyon yo nan pi bon fason posib ou kapab. Relasyon entim genyen relasyon avèk mari ou, mennaj ou ak/oubyen fyanse ou.

Q 9-1 Eske ou jamè genyen yon relasyon?

- Wi ☐ 01
 Non ☐ 02 **Ale nan SEKSYON 10]**
 MWEN PA KONNEN ☐ 98
 MWEN REFIZE REPONN ☐ 99

Q 9-2 Eske ou jamè genyen yon Relasyon kote patnè ou lan pouse ou Oubyen souflete ou?

- Wi ☐ 01
 Non ☐ 02
 MWEN PA KONNEN ☐ 98
 MWEN REFIZE REPONN ☐ 99

Q 9-3 Eske ou jamè genyen yon Relasyon kote patnè ou lan menase Ou avèk vyolans?

- Wi ☐ 01
 Non ☐ 02
 MWEN PA KONNEN ☐ 98
 MWEN REFIZE REPONN ☐ 99

Q 9-4 Eske ou jamè genyen yon Relasyon kote patnè ou lan voye, Kraze oubyen bay bagay kout pwen?

- Wi ☐ 01
 Non ☐ 02
 MWEN PA KONNEN ☐ 98
 MWEN REFIZE REPONN ☐ 99

Q 9-5 Eske ou jamè genyen yon Relasyon avèk yon patnè ki nan Pran dwòg?

- Wi ☐ 01
 Non ☐ 02 **[Ale nan Q 9-7]**
 MWEN PA KONNEN ☐ 98
[Ale nan Q 9-7]
 MWEN REFIZE REPONN ☐ 99
[Ale nan Q 9-7]

Q 9-6 Eske patnè ou la atake ou lè l sou efè dwòg?

- Jamè ☐ 01
 Nan kèk okazyon ☐ 02
 Nan anpil okazyon ☐ 03
 Toutan ☐ 04
 MWEN PA KONNEN ☐ 98
 MWEN REFIZE REPONN ☐ 99

Q 9-7 Eske ou jamè genyen yon patnè ki bwè?

- Wi ☐ 01
 Non ☐ 02 **[Ale nan seksyon 10]**
 MWEN PA KONNEN ☐ 98
[Ale nan seksyon 10]
 MWEN REFIZE REPONN ☐ 99
[Ale nan seksyon 10]

Q 9-8 Eske patnè ou la atake ou lè li bwè?

- Jamè ☐ 01
 Nan kèk okazyon ☐ 02
 Nan anpil okazyon ☐ 03
 Toutan ☐ 04
 MWEN PA KONNEN ☐ 98
 MWEN REFIZE REPONN ☐ 99

DIZYEM SEKSYON:ESTATI SOSYAL,ESTATI EKONOMIK, AK DEMOGRAFI

Koulye a nou preske fini. Mwen sèlman genyen kèk kesyon ki konsène oumenm, yon fason pou nou kapab konnen kèk enfòmasyon sou moun ki ede nou yo avèk enfòmasyon yo ba nou.

Q 10-1 Toudabò, nan ki klas ou te Rive nan lekòl? **[Probe to clarify Exact grade if necessary; Circle The Answer]**

Mwen pa t al lekòl 0
Lekòl Primè 1 2 3 4 5 6
7 8 9 10 11 12
Inivèsite 13 14 15 16
17+

MWEN PA KONNEN [] 98
MWEN REFIZE REPONN [] 99

Q 10-2 Eske koulye a ou **[Read Response Categories]**

Marye [] 01
Ap viv ansanm avèk mennaj
Ou / patnè ou [] 02
Selibatè / pa janm marye [] 03
Divose [] 04
Mari ou / madanm ou mouri [] 05
MWEN PA KONNEN [] 98
MWEN REFIZE REPONN [] 99

Q 10-3 Eske koulye a ou **[Read Response Categories]**

Ap travay 40èd tan [] 01
[Ale nan 10-5]

Ap travay mwens pase 40 èd tan [] 02 **[Ale nan 10-5]**

Pa p travay /ap chèche

Travay [] 03
Retrete [] 04
Envalid [] 05

Deside rete lakay ou

Pou pa chèche travay [] 06

Se yon etidyan ki ale

Lekòl sèlman, ki pa p

Chèche travay [] 07

Ta renmen travay, men

Ou dekouraje chèche paske

ou pa ka jwennn travay [] 08

MWEN PA KONNEN [] 98
MWEN REFIZE REPONN [] 99

Q 10-4 Eske ou te travay nan dènye 3 ane ki sot pase yo?

Wi [] 01

Non [] 02 **[Ale nan Q 10-6]**

MWEN PA KONNEN [] 98 **[Ale nan Q 10-6]**

MWEN REFIZE REPONN [] 99

[Ale nan Q 10-6]

Q 10-5 Ki kalite travay ou ap [t ap] fè?

Pa ekzanp kontab, anplwaye ki okipe

kesyon “stock”, sekretè, anplwaye sosyal,

èd enfimyè, elatriye? **[Record Exact Response]**

Q 10-6 Eske ou genyen okenn asirans sante

Wi [] 01

Non [] 02 **[ALE NAM Q 10-8]**

MWEN PA KONNEN [] 98

[Ale nan Q 10-8]

MWEN REFIZE REPONN [] 99

[Ale nan Q 10-8]

Q10-7 Ki lès nan kalite asirans sante ki pi ba yo ou genyen? **[Read kinds of Insurance-check all that apply]**

“Medicare” [] 01

“Medicaid” oubyen “Mass Health

Boston Health Net” [] 02

Asirans prive (HMO oubyen plan

sante tankou “Neighborhood Health

plan, Tufts Community Health Plan,

HMO Blue, etc.) [] 03

Asirans prive ki sèlman kouvri gwo

depans ki fèt pou maladi [] 04

Q 10-7 (continued)

Lòt kalite [] 05
 Presize _____
 MWEN PA KONNEN [] 98
 MWEN REFIZE REPONN [] 99

**[If checked choice 1 in Q 10-6,
 Skip to Q 10-9]**

Q 10-8 Eske ou kalifye pou resevwa
 Swen gratis nan yon santsante
 Kominotè oubyen yon klinik nan yon
 Lopital?

Wi [] 01
 Non [] 02
 MWEN PA KONNEN [] 98
 MWEN REFIZE REPONN [] 99

Q 10-9 Dapre tout sa ou konnen, eske
 Asirans ou a peye pou mamogram?
 Eske li peye tout kòb la pou yon
 Mamogram, oubyen sèlman yon
 Pòsyon nan kòb la, oubyen li pa peye
 Ditou pou mamogram?

Asirans lan peye tout kòb la [] 01
 Asirans lan peye yon pòsyon [] 02
 Asirans lan pa peye ditou pou
 Mamogram [] 03
 MWEN PA KONNEN [] 98
 MWEN REFIZE REPONN [] 99

Q 10-10 Ki relijyon ou? Eske se
 Katolik, Pantkotis, Pwotestan, Moslèm
 Temwen Jewova, Advantis 7èm jou,
 Vodou, kèk lòt relijyon, oubyen ou
 Pa gen relijyon?

Katolik [] 01
 Pantkotis [] 02
 Pwotestan(Metodis, Literyen,
 Presbiteryen) [] 03
 Batis [] 04
 Moslèm [] 05
 Temwen Jewova [] 06
 Advantis 7èm jou [] 07

Q10-10 (continued)

Vodou [] 08
 Lòt relijyon [] 09
 Presize: _____
 Pa gen relijyon [] 10
 MWEN PA KONNEN [] 98
 MWEN REFIZE REPONN [] 99

Q 10-11 Konbyen moun k ap viv
 Lakay ou ansanm avèk ou? **[For
 person living alone , enter '1'; for
 person living with one other
 person, enter '2', etc]**

Moun _____
 MWEN PA KONNEN [] 98
 MWEN REFIZE REPONN [] 99

Q 10-12 Nan ki ane ou te fèt?

Ane: 19 _____
 MWEN PA KONNEN [] 98
 MWEN REFIZE REPONN [] 99

Q 10-13 Ki laj ou?

Laj: _____
 MWEN PA KONNEN [] 98
 MWEN REFIZE REPONN [] 99

Q 10-14 Konbyen kòb antou tout
 moun ki ap viv lakay ou te fè pou
 ane 1999 la? Mwen pa bezwen
 Konnen ki vale ekzakteman. Eske
 se te **[read Response Categories]**

Mwens pase \$5,000 [] 01
[Ale nan fen an]

\$5000 oubyen plis pase sa
 Men mwens pase \$10,000 [] 02
[Ale na fen an]

\$10,000 oubyen plis, men mwens
 pase 20,000 [] 03 **[Ale nan fen an]**
 \$ 20,000 oubyen plis, men mwens
 pase 30,000 [] 04 **[Ale nan fen an]**
 \$30,000 oubyen plis, men mwens
 pase 40,000 [] 05 **[Ale nan Fen an]**

Breast Cancer Questionnaire

Q 10-14 (continued)

\$40,000 oubyen plis, men mwens
pase 50,000 [] 06 **[Ale nan Fen an]**
\$50,000 oubyen plis, men mwens
pase 75,000 [] 07 **[Ale nan fen an]**
\$75,000 oubyen plis [] 08
[Ale nan fen an]
MWEN PA KONNEN [] 98
[Ale nan fen an]
MWEN REFIZE REPONN [] 99
[Ale nan fen an]

Finisman: Mèsi poutèt ou te ede m. Li pwobab pou sipèvizè m nan ka vle asire l tout bagay te pase trè byen avèk entèvyou sa a. Eske mwen kapab gen nimewo telefòn ou pou si toutfw a li ta vle rele ou?

Telefòn _____

- **Bay Materyèl pou edikasyon**
- **Reponn tout kesyon**

Epi tou, si ou ta renmen gen plis enfòmasyon sou kansè nan tete, ou gen dwa rele li. Li rele Linda Ko. Ou kapab jwenn li nan (617) 414-6919.

[Remember to record all of the necessary information on the tracking form and on the questionnaire.]

Eske ou ta renmen wè rezilta etid sa a?

Wi []
Non []

Do the tracking numbers on tracking form and questionnaire match.

Mèsi!

APPENDIX 2

HAITIAN BREAST CANCER BELIEFS STUDY
INTERVIEWER TRAINING CURRICULUM

SESSION 1:

I. INTRODUCTION TO THE PROJECT

A. Welcome and introductions

1. Dr. David, Principle Investigator
2. HHI history and purpose
3. Haitian Breast and Cervical Beliefs study

B. Research Ethics

1. Confidentiality and protection of subjects
2. The rights of subjects
3. Why people should participate: benefits to themselves and to their community

C. Your role

Questions on description of working conditions, ground rules, rights and responsibilities of project personnel

II. SECURING INTERVIEWS

A. The importance of response rate

B. Enlisting Cooperation

1. Initial contacts
2. Follow-up contacts
3. Responding to initial refusals
4. Converting refusals: knowing when to 'push' and when not to push

III. INTERVIEWING BASICS

A. Personal opinions of what interviewing is (from audience)

B. Perceived challenges and previous experiences.

C. Discussion

Expectations of self and respondent.

SESSION II:

I. THE ROLE OF THE INTERVIEWER

A. Getting into the role-MOVIE- Part I

1. Self discipline
2. Self restrain
3. The reporter role

B. Dealing with the Questionnaire-MOVIE-Part II

1. The cover plate-- ID number placement

2. Typographical conventions in the instrument

3. Recording responses
 - a. how to record responses
 - b. acceptable vs. non acceptable answers

4. Example of our own questions
 5. Discussion
- C. Techniques to get good answers-MOVIE-Part III
1. Bias
 - a. style
 - b. non-verbal bias
 - c. verbal bias
 2. Probing
 - a. pausing
 - b. re-reading the question
 - c. asking for more information
 - d. stressing generality
 - e. stressing subjectivity
 - f. zeroing in
 3. Discussion

SESSION III: INTERVIEWING THE FRAIL ELDERLY

- A. When to stop an interview
- B. Questions and Discussion

SESSION IV: PRACTICE

- A. Role playing and interviewing off field
- B. Questions and discussion
- C. Interviewing on the field
- D. Questions and discussion

RESEARCH ETHICS

- I. Past experiences shape present views on scientific research
 - A. Members of minority groups have been taken advantaged of
 1. Research deliberately harmed subjects
 2. Research allowed harm to happen to subjects
i.e. Tuskegee Experiment
 - B. Human Subjects Review Board
 1. Created to protect subjects involved in research studies
 2. Interested in the ethics of the study
 3. Composed of a committee that discusses all plans and procedures for the study to certify that they respect rights of respondents.
- II. Our standards of ethics with HBCCS at the Haitian Health Institute
 - A. Study results to have direct impact on the Haitian community
 1. Improve health care
 2. Improve public health programs
 - B. Respondent Rights
 1. *Right to informed consent.* Interviewers are required to expressly inform a potential respondent the purpose of the study, the procedures that will be followed, the discomforts, risks, and the benefits of participating or not participating. This can be presented either orally or in writing so that the individual can base his/her decision to participate or to not participate in full knowledge of the study and the consequences of involvement.
 2. *Right of refuse.* Respondents have the right to refuse to participate in the study or the right to refuse to answer individual questions within the survey. Interviewers must distinguish between pressuring a respondent to participate and providing the respondent with sufficient information upon which to base a rational decision about participation.
 3. *Right to accurate representation.* Requires honesty in dealing with respondents and provision of completely accurate information.
 - *Your name
 - *The name of the organization doing the study, Boston Medical Center/Haitian Health Institute
 - *The purpose of the study-- to learn about how women (Haitian) use health care, how they feel about their own health, and about breast cancer.
 - *The realistic length of the interview: 30 to 40 minutes.
 - *Their participation is strictly voluntary.
 - *Their answers are completely confidential.
 4. *Right to privacy.* Relates to certain guarantees against invasion of privacy.
 - C. Benefits to Participants:
 1. Information about breast cancer and mammography.

2. Information about where to go for more information.
3. Information about where to go for primary health care.
4. A small token of our appreciation (\$10.00).

D. Your pledge of confidentiality:

Due to the tightness and smallness of the Haitian community in Boston and surrounding cities, it is quite possible that you will have mutual acquaintances with someone you interview, family connections, or other connections; or that respondents will have some connection with people you talk to. **YOU MUST NEVER DISCUSS A SPECIFIC RESPONDENT WITH ANYONE OUTSIDE OF THE STUDY.**

WORKING CONDITIONS AND GROUND RULES FOR INTERVIEWERS

1. Terms of employment relationship

You are employed by Boston Medical Center Haitian Health Institute.

You are working with us on a full time, temporary basis, to complete a specific, short-term project.

You are expected to work independently, mostly outside of Boston Medical Center/Haitian Health Institute offices.

You must keep careful track of your time, and submit completed timecards at the end of every week (THURSDAY) to Linda Ko. You will be paid only for the hours shown on correctly completed timecards, approved by your supervisor.

IT IS IMPORTANT TO REMEMBER THAT WHEN YOU ARE IN THE FIELD YOU STILL REPRESENT THE HAITIAN HEALTH INSTITUTE OF BOSTON MEDICAL CENTER TO THE COMMUNITY. WE EXPECT YOU TO MEET THE HIGHEST STANDARDS OF PROFESSIONALISM AND COURTESY AT ALL TIMES.

2. Your specific rights

You have been hired to do an important job, one that must be done right and is not always easy. We respect your professionalism, your hard work, your dedication, and we will always treat you with respect and courtesy.

You have the right to receive proper training and instruction in how to do your job, and ongoing support and supervision to help you do it well. You should never feel that you are being thrown into a situation you are not prepared for. At any time, if you feel you need further training to complete your job, please feel free to voice these concerns to your supervisor.

You have the right to have your personal safety protected. Interviewers will always go into the community in teams of at least two. If you feel you are not safe in a particular place, time or situation, you have the right to raise the issue with the Project Coordinator and to have your concerns addressed before you enter the situation.

You have the right to be paid promptly for your work.

You have flexibility in your work schedule within the protocol for the project you are working on. The Project Coordinator will schedule interviewing sessions and arrange for team assignments, but you do not have to accept every assignment you are offered. Your availability, however, will be considered in whether to offer you future opportunities at the Institute. If your performance is satisfactory and you are otherwise appropriately qualified, you have the right to be considered for future opportunities at the Institute.

3. Your responsibilities

By accepting a work assignment, you have made a commitment and you are expected to keep it. If you are forced to cancel because of illness or for other reasons beyond your control, you must call the Project Coordinator as early as possible to inform her.

YOU MUST COMPLETE THE INTERVIEW WITH THE APPROPRIATELY SELECTED SUBJECT, ASK THE QUESTIONS AS THEY ARE WRITTEN, IN THE RIGHT ORDER, ETC.

Tell us when there are problems, and let us know your suggestions.

Be courteous and respectful to the respondents. Remember, they are giving their time to help us and to help other women. The only compensation we can give them is our gratitude and our recognition of the value and importance of the information they are giving us, and \$10.00. Let them know how much we appreciate their help.

Fill out the questionnaire completely, accurately and legibly and don't forget to include the ID numbers on both the tracking form and corresponding questionnaire. No matter how well you do an interview, your effort is wasted if we don't record the data correctly.

Be a part of the team. Help and support your co-workers. Make this a positive experience for everyone and a successful, high quality scientific project as well!

ADMINISTERING THE QUESTIONNAIRE

CONVENTIONS

- Lower Case Type is for anything that is to be read to the Respondent.
- Parentheses are used to built probes.
- Upper Case Type is used for anything that is not read to the Respondent -- usually as an instruction or aid to the Interviewer. It may or may not be in parentheses or brackets.

i.e. GO TO instructions guide the Interviewer to skip over “not applicable” questions and guide them to the next “applicable” question.

WORDING

- Interviewers must read questions exactly as they are worded in the questionnaire with no additions, deletions, or substitutions.
- Read the entire question before accepting the Respondent’s answer.
- Ask the questions in the order they are written.
- Don’t skip a Question because the answer seemed to have been given earlier or because you “know” the answer.
- Use a pleasant tone of voice which conveys assurance, interest, and a professional manner.
- Read about 2-3 words per second.

RECORDING

- Record all responses immediately.
- Record the responses verbatim.
- Record all comments that are related to the objectives of the question.
- Record all probes.

THE ROLE OF THE INTERVIEWER - BIAS

- What kind of a relationship should the interviewer try to establish with the respondent? Why?
- Does the relationship change at all during the whole time that the interviewer is talking to the respondent?
- What about the interviewer's relationship with other people in the household?
- What kinds of things can an interviewer say or do to create a bias?
- Why is it important to avoid bias?
- Is bias always wrong?
- What do you think is the hardest part of the interviewer's job in conducting the interview?
- Should the interviewer hide his/her feelings or opinions on all topics at all times?
- Why is it important to read the questions exactly as written?
- Can minor changes in the questions be made on occasion?
- Do you anticipate any difficulty in recording the interview?

Discussion Questions on Probing Movie

1. Is *silence - a pause* - an appropriate probe?

When you're sure the respondent understands the question - and just needs time to think.

2. What are the problems with a pause as a probe?

The respondent may wander off the question topic.

3. Is *repeating the question* an appropriate probe?

When the respondent's answer is off the point.

4. When is it inappropriate?

When respondent answers partially or unclearly but has understood the question. In this case, repeating the question could be annoying.

5. When do you ask for more information - "Could you tell me more about that?"

Ask for more information only when the first answer is clear but you want more elaboration.

6. What is the danger in asking for more information?

When respondent's first answer is unclear or off the point of the question, asking for more information will just produce more un-clarity.

7. How do you probe when the respondent answers with "sometimes" ?

Emphasize "in general" or "your best guess".

PROBING PRINCIPLES AND STANDARDS

A. Functions of the Probe

1. The probe should in no way change the frame of reference of the question
2. The probe should never indicate that one answer is expected over another
3. The probe should never indicate that one answer is more socially acceptable than another
4. The probe should motivate the respondent to meet the question's objective.

B. Standard types of Probes

1. Closed-ended questions

Repeat Question
Repeat Categories
Which is closer if you had to choose
Best guess
Zero in
In general, on average

2. Open-ended questions

Repeat Question
What do you mean?
Tell me more
Anything else?

3. General Probes

Whatever it means to you
Confidentiality reassurance
Remind of the purpose of question/study
Take a minute to think about it

APPENDIX 3



One Boston Medical Center Place
Boston MA 02118-2595
Tel 617-638-8000
Tel 617-638-7000

Communication, cultural model of breast cancer beliefs and screening
mammography:
An assessment of attitudes among Haitian immigrants in Eastern
Massachusetts.

Informed consent

The purpose of this research study is to ask women about their health care, some of their ideas and feelings about health issues, including breast cancer and screening mammography. The study is being done to find information that will help us improve health care for women.

Women living in neighborhood where large numbers of Haitian families live, are randomly selected and asked to answer a questionnaire in a face to face interview. The interview will take about 20 to 30 minutes. For participating, we will give you a voucher for \$10.00 to make up for your time and effort. Your participation is completely voluntary and you do not have to answer any questions that you don't want to.

The interview and questionnaire data will be kept confidential. All data will be safely secured in locked cabinets, and access to this data will be restricted to the principal and co-principal investigators and the project coordinator. Any reports or publications will not identify individual participant by name or initials.

There are no foreseeable risks or discomforts associated with your participation in this research. You will not benefit directly from participation in this study. We hope with the knowledge gained from this study, to make better health promotion campaign among women.

Representatives from the U.S. Army Medical Research, Development, Acquisition and Logistics Command are eligible to inspect the records of this research as part of their responsibilities to protect human subjects in research.

If you have any questions regarding the research or your participation in it, either now or at any time in the future, please feel free to ask them. The research team, particularly Michele David, M.D. who may be reached at 617-414-7399, will be happy to answer any questions you may have. You may obtain additional information about your rights as a research subject by calling the Coordinator of the Institutional Review Board for Human Research at Boston Medical Center at 617-638-7266. If any problems arise

as a result of your participation in this research, including research-related injuries, please call the principal investigator, Michele David, M.D. at 617-414-7399 immediately.

You are not obligated to participate in this research. If you choose not to participate, your present and/or future medical care will not be affected in any way. Also, if you participate, you may withdraw your consent and discontinue participation at any time without affecting you in any manner.

It is hoped that you will agree to participate in this research, by signing this informed consent form in the space provided. Your help is vital to the success of this study. If you have any question concerning this study please feel free to contact the following:

Michele David, M.D.
Principal Investigator
617-414-7399

Subject Signature _____

Date _____

Research Staff Initials _____

Date _____

VALID FOR USE THROUGH 4/10/01
PER IRB LF 4/10/01



One Boston Medical Center Place
Boston, MA 02118-2393
Tel: 617 638 8000
Tel: 617 414 5000

Kominikasyon, modèl kiltirèl sou sa yo panse sou kansè nan tete ak egzamen mamogram:
Yon evalyasyon sou atitud imigran Ayisyen nan "Massachusetts".

Fòm Konsantman

Objektif rechèch sa a se pose fanm keksyon sou swen sante yo, kèk nan lide ak santiman yo sou zafè lasante, ansanm ak kansè nan tete ak egzamen mamogram. Nou fè etid sa a pou n' ka jwenn enfòmasyon ki kapab ede n' amelyore swen sante pou fanm.

N'ap chazi oaza fanm k'ap viv nan zòn kote ki gen anpil Ayisyen, epi n'ap mande yo pou fè yon entèvou kote y'a gen pou reponn keksyon ki nan yon keksyonè. Entèvou a ap dire soti 20 pou rive 30 minit. Pou tèt w patisipe nan etid la, n'ap ba w yon resi pou \$10.00 (W ap chaje l' nan kès Boston Medical Center) kòm ankourajman pou tan w ak efò w. Patisipasyon w nan etid la ap fet sou yon baz volontè epi w pa gen pou reponn okenn keksyon ki pa fè w plezi.

Entèvou a ak repons ou yo ap rete konfidansyèl (sekrè). N'ap mete tout done yo an sekirite anba kle nan klasè, epi se sèl moun ki reskonsab ankèt la, asistan li yo ak koòdonatè pwojè a k'ap kapab al ladan yo. Pap gen non ni inisyal pèsan moun ki patisipe nan etid la k'ap parèt nan okenn rapò osnon piblikasyon ki gen pou fèt.

Nou pa prevwa okenn ris oubyen malèz ou kapab jwenn paske w patisipe nan rechèch sa a. W pap tire okenn benefis dirèk pou patisipasyon w nan etid sa a. Nou espere ke avèk konesans n'a jwenn nan etid sa a, n'a kapab fè pi bon kanpay pwomosyon nan mitan fanm yo.

Reprezantan ki soti nan "U.S Army Medical research and Materiel Command" gen dwa enspekte dosye rechèch sa a, paske sa fè pati de reskonsablite yo pou yo pwoteje moun ki patisipe nan rechèch.

Si w gen nenpòt keksyon sou rechèch la oubyen patisipasyon w ladan l', ke se konye a oswa pi devan, tanpri mete w alèz pou poze yo. W kapab jwenn Ekip k'ap fè rechèch la, sitou Dr. Michèle David, k'ap byen kontan reponn nenpòt keksyon w ta genyen, nan (617)-414-7399. Si ou ta vle gen plis enfòmasyon sou dwa ou kom patisipan nan you etid, ou ka pab rele koòdonatè "Institutional Review Board for Human Research" (kmite siveyans sou etid ki gen moun ki patisipe ladan yo) nan numero (617)638-7266, nan "Boston Medical Center". Si nenpòt pwoblèm ta vin rive w paske w patisipe nan rechèch sa a, tankou blese,

IRB#	64852
VALID	
THRU:	4/10/01
PER IRB:	AKF
AUTH. INIT.	

etan w nan etid la, tanpri rele envestigatè prensipal ankèt la, Dr. Michele David
nan nimewo (617) 414-7399 tousuit.

W pa oblije patisipe nan rechèch sa a. Si w pa vle patisipe, sa pap deranje anyen
nan swen sante ke w ap resevwa kounye a ni apre. W kapab, si w ap patisipe,
chanje lide w nenpòt lè san sa pa afekte w nan anyen.

Inisyal patisipan an: _____

Inisyal manm ekip rechèch la: _____

Dat: _____

Ed ou trèzenpòtan pou siksè etid sa a. Si w gen nenpòt keksyon sou etid sa a,
tanpri mete w alèz pou rele moun sa a:

Michele David, M.D.
Envestigatè prensipal
(617) 414-7399

Si w swete patisipe nan etid la, w'ap gen pou w siyen nan plas ki anba a.

Non patisipan an (avèk lèt majiskil):

Siyati patisipan an:

Dat: _____

Non manm ekip rechèch la (avèk lèt majiskil):

Siyati manm ekip rechèch la:

Dat: _____

IRB#	E4852
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THRU:	4/10/01
PER IRB:	L68
AUTH. INIT.	



Informed Consent

Communication, cultural model of breast cancer beliefs and screening mammography: An assessment of attitudes among Haitian immigrants in Eastern Massachusetts

One Boston Medical Center Place
Boston, MA 02118-2393
Tel: 617 638 8000
Tel: 617 414 5000

Principal Investigator: Michele David, MD, MBA, MPH
Co-investigators: Karen Freund, MD, MPH
Nicole Prudent, MD, MPH

Purpose: The purpose of this research study is to ask women about their health care, and some of their ideas and feelings about health issues, including breast cancer and screening mammography. The study is being done to find information that will help us improve health care for women.

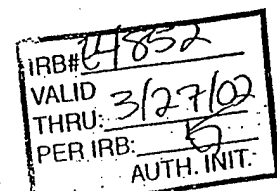
Eligibility: Women living in neighborhood where large numbers of Haitian families live, are randomly selected and asked to answer a questionnaire in a face to face interview. The interview will take about 20 to 30 minutes.

Stipends: For participating, we will give you a voucher for \$10.00 to make up for your time and effort.

Participation and Rights: Your participation is completely voluntary and you do not have to answer any questions that you don't want to answer. If you choose not to participate, your present and/or future medical care will not be affected in any way. If you participate, you may withdraw your consent and discontinue participation at any time without affecting you in any manner. Also, the research staff will give you a copy of informed consent forms with your signature, if you agree to participate.

Confidentiality: the interview and questionnaire data will be kept confidential. All data will be safely secured in locked cabinets, and access to this data will be restricted to the principal and co-principal investigators and the project coordinator. Any reports or publications will not identify individual participant by name or initials.

Risk and Benefits: there are no foreseeable risks or discomforts associated with your participation in this research. You will not benefit directly from participation in this study. We hope to make better health promotion campaign among women with the knowledge gained from this study.



Communication, cultural model of breast cancer beliefs and screening
mammography: An assessment of attitudes among Haitian immigrants in
Eastern Massachusetts

Study Records: Representatives from the U.S. Army Medical Research, Development, Acquisition and Logistics Command, Boston University Medical Center Institutional Review Board, and the U.S. Food and Drug Administration are eligible to inspect the records of this research as part of their responsibilities to protect human subjects in research.

Contact Number: If you have any questions regarding the research or your participation in it, please feel free to ask the interviewer. If questions arise in the future, Michele David, MD may be reached at 617-414-7399 and will be happy to answer any questions you may have. You may obtain additional information about your rights as a research subject by calling the Institutional Review Board for Human Research at Boston Medical Center at 617-638-7207. If any problems arise as a result of your participation in this research, including research-related injuries, please call the principal investigator, Michele David, M.D. at 617-414-7399 immediately.

It is hoped that you will agree to participate in this research, by signing this informed consent form in the space provided. Your help is vital to the success of this study. If you have any questions concerning this study please feel free to contact the following:

Michele David, M.D, MBA, MPH
Principal Investigator
617-414-7399

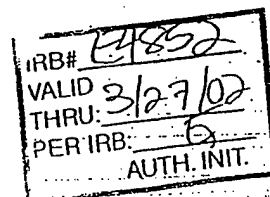
Linda Ko, MS, MPH
Project Coordinator
617-414-6919

Subject Signature _____

Date _____

Research Staff Initials _____

Date _____





Fòm Konsantman

One Boston Medical Center Place
 Boston, MA 02118-2393
 Tel: 617 638 8000
 Tel: 617 414 5000

Kominikasyon, modèl kiltirèl sou sa moun panse sou kansè nan tete ak ekzamen mamogram: Yon evalyasyon sou atitud imigran Ayisyen nan Massachusetts

Envestigatè Prensipal pou pwojè a, se doktè Michele David
 Lòt Envestigatè yo, se doktè Karen Freund ak doktè Nicole Prudent

Objektif: Objektif rechèch sa a, se poze fanm kesyon sou swen sante yo ansanm avèk kèk lide ak pèsèpsyon yo genyen sou kesyon sante **tankou** kansè nan tete ak ekzamen mamogram. Rezon etid sa a, se ede jwenn enfòmasyon k ap kapab ede nou amelyore swen sante pou fanm.

Elijibilite: N ap chwazi oaza fanm k ap viv nan katye ki genyen anpil Ayisyen epi n ap mande yo pou **nou entèvyou yo**. **Diran entèvyou sa y ap genyen pou yo** reponn divès kesyon ki nan yon kesyonè. Entèvyou a ap gen pou dire ant 20 ak 30 minit.

Konpansasyon: Pou patisipasyon ou, n ap ba ou yon fich ki vo 10 dola kòm rekonpans pou tan ak jefò ou bay nan etid la.

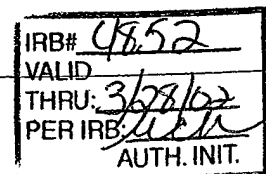
Patisipasyon ak dwa ou: Patisipasyon ou ap fèt sou yon baz volontè epi ou pa p gen obligasyon pou reponn okenn kesyon ou pa vle reponn. Si ou chwazi pou pa patisipe, sa pa p gen anyen pou wè avèk swen medikal ou ap resevwa koulè a oubyen swen ou ap gen pou resevwa pi devan. Si ou chwazi pou patisipe, se dwa ou pou chanje lide ou nenpòt lè ou vle pou pa kontinye, sa pa p gen pou l afekte ou nan okenn manyè. Epiou, ekip k ap travay nan rechèch la ap gen pou ba ou yon kopi fòm konsantman an avèk siyati ou anba li si ou chwazi pou patisipe.

Konfidansyalite: Entèvyou a ak repons ou ap gen pou bay yo ap rete sekre. Tout enfòmasyon n ap kolekte yo apral klete nan yon bifèt ki plen sekirite; se sèlman envestigatè pwojè a ak moun ki se kowòdonatè a k ap gen dwa pou yo ale kote y ap ye a. Kelkeswa rapò a oubyen piblikasyon k ap gen pou sòti a pa p idantifye ni non, ni inisyal pèsòn moun ki patisipe nan etid la.

Ris ak Avantaj: Nou pa prevwa oken ris oubyen malèz ou kapab rankontre paske ou patisipe nan rechèch la. Ou pa p gen pou tire okenn avantaj dirèk paske ou patisipe nan etid sa a. Nou espere fè yon pi bon kanpay pou pwomosyon sante nan mitan fanm yo avèk konesans nou jwenn nan etid sa a.

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Kominikasyon, modèl kiltirèl sou sa moun panse sou kansè nan tete ak ekzamen mamogram: Yon evalyasyon sou atitid imigran Ayisyen nan Massachusetts

Etid Dosye yo: Reprezantan ki sòti nan "US Army Medical Research Development, Acquisition and Logistics Command, Boston University Medical Center Institutional Review Board, and the US Food and Drug Administration" gen dwa pou enspekte dosye rechèch sa a paske sa fè pati reskonsablite yo pou yo pwoteje moun ki patisipe nan rechèch.

Nimewo pou kontakte: Si ou gen nenpòt kesyon sou rechèch la oubyen sou patisipasyon ou ladan l, tanpri pran tout libète ou pou adrese yo bay moun k pa fè entèvyou a. Si pi devan ou ta vin genyen kesyon ou bezwen mande, **envestigatè prensipal la**, doktè Michele David ap trè kontan pou li reponn tout kesyon ou kapab genyen. Ou kapab jwenn doktè David nan nimewo 617-414-7399. Si ou ta vle gen plis enfòmasyon sou dwa ou kòm patisipan nan yon rechèch, ou kapab rele biwo "Institutional Review Board for Human Research" nan lopital 'Boston Medical Center' nan nimewo 617-638-7202. Si ta vin genyen okenn pwoblèm ki ta rezilta patisipasyon ou nan rechèch la, tankou yon aksidan ki ta rive etan ou nan etid la, tanpri rele **envestigatè prensipal la** tousuit, doktè Michele David nan nimewo 617-414-7399.

Nou espere ou ap aksepte pou patisipe nan rechèch sa a. Pou fè sa, ou ap mete siyati ou sou fòm konsantman an nan espas ki rezève pou sa a. Asistans ou trè enpòtan pou reyisit etid sa a. Si ou genyen nenpòt kesyon ki konsène etid sa a, tanpri pran tout libète ou pou rele moun sa yo:

Doktè Michele David ki se **envestigatè prensipal** pou rechèch la nan nimewo 617-414-7399

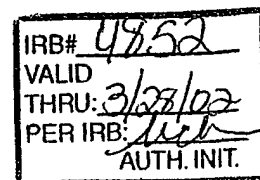
Linda Ko ki se Kowòdonatè pou rechèch la nan nimewo 617-414-6919

Siyati patisipan nan etid la: _____

Dat: _____

Inisyal moun k ap travay nan rechèch la: _____

Dat: _____



APPENDIX 4

	Identified Variables			
Outcome variables	Variables	Number of questions	Question in the questionnaire	Scale (point)
	Ever had a mammogram	1	Q 4-1	N/A
	Recent Mammogram - Mammogram in the past year - Mammogram in the past two year	1	Q 4-21	5 point scale
	Repeat mammogram (Lifetime number of mammograms)	2	Q 4-13 & Q 4-14	N/A
	Follow up for abnormal mammogram	1	Q 4-15	N/A
	Clinical Breast Exam	1	Q 4-34	N/A
	Self Breast Exam	1	Q 4-39	N/A

Independent Variables	Variables	Number of questions	Question in the questionnaire	Scale (point)
	Demographic <ul style="list-style-type: none"> - Age - Education - Marital Status - Employment Status - Type of Insurance - Household size - Household income 	2 1 1 1 1 1 1	Q 10-12 & Q10-13 Q 10-1 Q 10-2 Q 10-3 Q 10-7 Q 10-11 Q 10-14	N/A 4 point scale 5 point scale 8 point scale 5 point scale N/A 7 point scale
	Acculturation <ul style="list-style-type: none"> - Ethnicity - Number of years in the U.S. - First language - Language use - Cultural Identity scale 	1 2 1 8 15	Q 1-10 Q 1-3 & Q 1-4 Q 1-9 Q 7-1 through Q 7-8 Q 7-9 through Q 7-13 Q 7-14 through Q 7-23	20 point scale N/A 6 point scale 10 point scale 4 point scale 10 point scale
	Health Care Variables <ul style="list-style-type: none"> - Perceived health - Family history of breast cancer - Use of preventive care - Choice of western or alternative medicine for cancer 	1 3 1 1	Q 2-1 Q 2-8, Q 2-10, & Q 2-12 Q 2-45 Q 3-20	5 point scale N/A 5 point scale N/A
	Primary care provider <ul style="list-style-type: none"> - Having a provider - Location - Provider congruence <ol style="list-style-type: none"> 1. Language 2. Gender 3. Ethnicity 	2 1 1 1 1	Q 2-25 & Q 2-31 Q 2-28 Q 2-38 Q 2-43 Q 2-42	N/A 8 point scale 4 point scale N/A N/A
	Knowledge of mammogram	6 5	Q 4-1 Q 4-2, Q 4-4, Q 4-7, Q 4-8 & Q 4-9	N/A Agree/Disagree
	Attitudes on cancer and preventive medicine <ul style="list-style-type: none"> - Modesty - Fatalism - Faith in medicine 	3 5 3	Q 4-5, Q 5-1, & Q 5-2 Q 5-3 through Q 5-5, Q 5-10 & Q 5-12 Q 5-7 through Q 5-9	Agree/Disagree Agree/Disagree Agree/Disagree

APPENDIX 5

Cultural Models of Breast Cancer Beliefs & Screening Practices among Haitian Women

MA David, N Prudent, KM Freund, LK Ko

Section of General Internal Medicine
Haitian Health Institute

Background

- Present late for evaluation of breast abnormalities
- Unique cultural model of health beliefs
 - Illness sent by the enemy or deity
 - Illness that can be cured by God
 - Illness that can be treated by the help of an herbalist
- Categorized as African American or Caribbean in other studies

Background: Pilot Study

- Haitian women more frequent users of home remedies
- Haitian women are more likely to interpret diagnosis of cancer as a death sentence
- Lower rate of mammogram

Study Overview

- Cross-sectional survey
- An in-person interview on women ages 40 and over, who reside in Cambridge, Brockton, Somerville, and Boston in the state of Massachusetts

Hypotheses

- Haitian women
 - have fewer mammogram than control groups
 - have fewer recent mammogram
 - utilize alternative medicine for serious conditions including cancer
 - have lower rates of follow up for abnormal screening
 - cancer knowledge, attitudes, and cultural beliefs in part explain differences between the mammogram rates among Haitian women and control groups

Methods: Data Collection

- Surveyed neighborhoods with high concentration of Haitian families
- Randomly selected 12/50 households to survey
- Door to door in-person interview
- Interviewed in English or Haitian Creole

Population

- Cases: Haitian women
- Control: Caucasian, Hispanic, African American, English speaking Caribbean, and other non-Haitian women living in the same neighborhood

Data Collected

- Total: 565 women
 - 227 (40%) Haitian
 - 123 (22%) Caucasian
 - 120 (21%) African American
 - 49 (9%) Caribbean
 - 33 (6%) Latina
 - 13 (2%) Others
- Response rate: 78%

Major Analytic Variables: Outcome Variables

- Ever had a mammogram
- Recent mammogram:
 - Mammogram in the past year
 - Mammogram in the past two years
- Repeat mammogram: Lifetime number of mammograms
- Follow up for abnormal mammogram
- Clinical Breast Exam
- Self Breast Exam

Independent Variables

- Demographic Variables
 - Age
 - Education
 - Marital status
 - Employment status
 - Type of insurance
 - Household income
 - Household size

Independent Variables: Cont.

- Acculturation Variables
 - Ethnicity
 - Number of years in the US
 - First language
 - Cultural Identity scale

Independent Variables: Cont.

- Health Care Variables
 - Perceived health (1 question- 5 pt scale)
 - Family history of breast cancer (3 questions)
 - Use of preventive care (1 question)
 - Choice of western or alternative medicine for cancer (1 question based on vignette)

Independent Variables: Cont.

- Primary Care
 - Location
 - Provider
 - Provider Congruence by
 - Language
 - Gender
 - Ethnicity

Independent Variables: Cont.

- Knowledge & Attitudes about cancer (agree/disagree)
 - Modesty (3 questions)
 - Fatalism
 - Faith in medicine

APPENDIX 6



Boston University
School of Medicine

91 East Concord Street, Suite 200
Boston, MA 02118-2393
Tel: 617 414 7399
Fax: 617 414 4676
E-mail: mdavid@bu.edu

October 16, 2001

John Cragin, MBA, MSW
Associate Director, Pre Award & Regulatory Compliance
Research and Service Grants Administration
Gambro Building, 2nd floor
660 Harrison Ave.
Boston, MA 02118

General Internal Medicine
Research Unit

MICHELE M.A. DAVID, MD, MBA,
MPH, FCCP
Assistant Professor of Medicine
Boston University School of Medicine

Co-Director
Haitian Health Institute

Dear Mr. Cragin:

Re: DAMD17-99-1-9082

I am writing to request a 12 month no-cost extension on my research project titled: "Communication, Cultural Models of Breast Cancer Beliefs & Screening Mammography: An Assessment of Attitudes Among Haitian Immigrant Women in Eastern Massachusetts." We seek this extension in order to complete the data analysis and manuscript preparation phase of the work.

We anticipate completion of all subject recruitment and data collection by November 2001. We have encountered challenges in finding an adequate sample of Haitian women and enrolling them into our study. We have taken a number of additional steps including hiring interns (summer) to complete our recruitment and sampling additional blocks. As of September 2001, we had completed 90% of our interviews. The remaining 10% of interviews were completed at the end of October 2001.

Since August 2001, we have been actively developing the final data set, which should be completed by December 2001. Upon completion of the data set, we will conduct analyses of the data and begin developing the manuscripts. The no cost extension will provide us the ability to complete all analyses and submit manuscripts on the project.

We appreciate your response.

Sincerely,

Michele David MD, MBA, MPH
Principal Investigator

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Boston University Henry M. Goldman School of Dental Medicine